

TITLE V BLOCK GRANT APPLICATION
FORMS (1-21)
STATE: NV
APPLICATION YEAR: 2007

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APPLICATION FOR FEDERAL ASSISTANCE		2. DATE SUBMITTED 7/15/2006		APPLICANT IDENTIFIER	
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY STATE		STATE APPLICATION IDENTIFIER	
Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		Pre-application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY	
				FEDERAL IDENTIFIER 886000022	
5. APPLICANT INFORMATION					
Legal Name: NV Dept. of Health and Human Services Organizational DUNS: 625364849			Organizational Unit: State Health Division		
Address (give city, county, state and zip code) 3427 Goni Road Suite 108 Carson City, NV 89706 County: Carson			Name and telephone number of the person to be contacted on matters involving this application (give area code) Name: Judith M. Wright Email: jwright@nvhd.state.nv.us Tel Number: 775-684-4285 Fax Number: 775-684-4245		
6. EMPLOYER IDENTIFICATION NUMBER (EIN):			7. TYPE OF APPLICANT: (Enter appropriate letter in box) A		
<div style="display: flex; gap: 10px;"> <div style="border: 1px solid black; padding: 2px 5px;">8</div> <div style="border: 1px solid black; padding: 2px 5px;">8</div> <div style="border: 1px solid black; padding: 2px 5px;">6</div> <div style="border: 1px solid black; padding: 2px 5px;">0</div> <div style="border: 1px solid black; padding: 2px 5px;">0</div> <div style="border: 1px solid black; padding: 2px 5px;">0</div> <div style="border: 1px solid black; padding: 2px 5px;">2</div> <div style="border: 1px solid black; padding: 2px 5px;">2</div> </div>			A. State B. County C. Municipality D. Township E. Interstate F. Intermunicipality G. Special District H. Independent School District I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify)		
8. TYPE OF APPLICATION:			9 NAME OF FEDERAL AGENCY:		
<input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration Decrease Duration Other (specify):			Health Resources and Services Administration, Maternal and Child Health Bureau		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:		
<div style="display: flex; gap: 10px;"> <div style="border: 1px solid black; padding: 2px 5px;">9</div> <div style="border: 1px solid black; padding: 2px 5px;">3</div> <div style="border: 1px solid black; padding: 2px 5px;">9</div> <div style="border: 1px solid black; padding: 2px 5px;">9</div> <div style="border: 1px solid black; padding: 2px 5px;">4</div> </div> TITLE: Maternal and Child Health Services Block Grant			Maternal and Child Health Services		
12. AREAS AFFECTED BY PROJECT (cities, communities, states, etc.):					
Statewide					
13. PROPOSED PROJECT:			14. CONGRESSIONAL DISTRICTS OF:		
Start Date: 10/01/2006		Ending Date: 09/30/2007		a. Applicant 1st, 2nd, and 3rd District	
				b. Project 1st, 2nd, and 3rd District	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?			
a. Federal	\$ <u>1,976,405.00</u>	a. YES, THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: b. NO <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW			
b. Applicant	\$ <u>150,000.00</u>				
c. State	\$ <u>1,482,304.00</u>				
d. Local	\$ <u>0.00</u>				
e. Other	\$ <u>0.00</u>				
f. Program Income	\$ <u>0.00</u>				
g. TOTAL	\$ <u>3,608,709.00</u>	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT			
		<input type="checkbox"/> Yes. If "Yes", attach an explanation <input checked="" type="checkbox"/> No			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY BY THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Typed Name of Authorized Representative Alex Haartz			b. Title Administrator		c. Telephone Number 775-684-4200
d. Signature of Authorized Representative					e. Date Signed

FORM 2
MCH BUDGET DETAILS FOR FY 2007

[Secs. 504 (d) and 505(a)(3)(4)]

STATE: NV

1. FEDERAL ALLOCATION

(Item 15a of the Application Face Sheet [SF 424])
Of the Federal Allocation (1 above), the amount earmarked for:

\$ 1,976,405

A.Preventive and primary care for children:

\$ 592,922 (30 %)

B.Children with special health care needs:

\$ 592,922 (30 %)

(If either A or B is less than 30%, a waiver request must accompany the application)[Sec. 505(a)(3)]

C.Title V administrative costs:

\$ 197,640 (10 %)

(The above figure cannot be more than 10%)[Sec. 504(d)]

2. UNOBLIGATED BALANCE (Item 15b of SF 424)

\$ 150,000

3. STATE MCH FUNDS (Item 15c of the SF 424)

\$ 1,482,304

4. LOCAL MCH FUNDS (Item 15d of SF 424)

\$ 0

5. OTHER FUNDS (Item 15e of SF 424)

\$ 0

6. PROGRAM INCOME (Item 15f of SF 424)

\$ 0

7. TOTAL STATE MATCH (Lines 3 through 6)

(Below is your State's FY 1989 Maintenance of Effort Amount)

\$ 853,034

\$ 1,482,304

8. FEDERAL-STATE TITLE V BLOCK GRANT PARTNERSHIP (SUBTOTAL)

(Total lines 1 through 6. Same as line 15g of SF 424)

\$ 3,608,709

9. OTHER FEDERAL FUNDS

(Funds under the control of the person responsible for the administration of the Title V program)

a. SPRANS: \$ 0

b. SSDI: \$ 100,000

c. CISS: \$ 140,000

d. Abstinence Education: \$ 286,246

e. Healthy Start: \$ 0

f. EMSC: \$ 0

g. WIC: \$ 46,881,514

h. AIDS: \$ 0

i. CDC: \$ 867,539

j. Education: \$ 0

k. Other: \$ 0

Other - See Notes \$ 562,715

Real Choices \$ 369,683

10. OTHER FEDERAL FUNDS (SUBTOTAL of all Funds under item 9)

\$ 49,207,697

11. STATE MCH BUDGET TOTAL

(Partnership subtotal + Other Federal MCH Funds subtotal)

\$ 52,816,406

FORM NOTES FOR FORM 2

None

FIELD LEVEL NOTES

1. **Section Number:** Main
Field Name: CISS
Row Name: Other Federal Funds - CISS
Column Name:
Year: 2007
Field Note:
The Early Childhood Comprehensive systems grant from HRSA moves into the implementation phase and increases from \$100,000 per year to \$140,000 per year for a two year period.
2. **Section Number:** Main
Field Name: WIC
Row Name: Other Federal Funds - WIC
Column Name:
Year: 2007
Field Note:
The amount for WIC includes the Legislative Approved budget amount of \$46,881,514, which is an increase of \$2,392,231 from the FY 06 application. Caseload growth is the primary reason for the anticipated increased expenditures. This is an increase of 5.4% and is the result of Nevada continuing to be the fastest growing state in terms of population growth. The WIC budget is funded primarily by revenues from the U.S. Department of Agriculture and rebates from food manufacturers for infant formula and cereal.
3. **Section Number:** Main
Field Name: CDC
Row Name: Other Federal Funds - CDC
Column Name:
Year: 2007
Field Note:
Programs funded by grants from the CDC include Rape Prevention and Education (\$290,997), Oral Health (\$450,227) and Core Injury Prevention (\$126,315).
4. **Section Number:** Main
Field Name: OtherFedFundsOtherFund
Row Name: Other Federal Funds - Other Funds
Column Name:
Year: 2007
Field Note:
Other federal grants within the MCH program include Children's Oral Health (HRSA \$75,000), Primary Care (BPHC \$212,171), SEARCH (BPHC \$152,056), Newborn Hearing Screening (HRSA \$77,016), and Rape Prevention and Education (PHHS \$46,472).

The Real Choices Systems Change grant is from CMS and will expire September 29, 2006.

FORM 3
STATE MCH FUNDING PROFILE

[Secs. 505(a) and 506((a))(1-3)]

STATE: NV

	FY 2005		FY 2006		FY 2007	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
1. Federal Allocation <i>(Line1, Form 2)</i>	\$ 1,996,035	\$ 1,849,339	\$ 1,976,405	\$ 0	\$ 1,976,405	\$ 0
2. Unobligated Balance <i>(Line2, Form 2)</i>	\$ 150,000	\$ 0	\$ 150,000	\$ 0	\$ 150,000	\$ 0
3. State Funds <i>(Line3, Form 2)</i>	\$ 1,497,027	\$ 1,380,995	\$ 1,482,304	\$ 0	\$ 1,482,304	\$ 0
4. Local MCH Funds <i>(Line4, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
5. Other Funds <i>(Line5, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
6. Program Income <i>(Line6, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
7. Subtotal <i>(Line8, Form 2)</i>	\$ 3,643,062	\$ 3,230,334	\$ 3,608,709	\$ 0	\$ 3,608,709	\$ 0
(THE FEDERAL-STATE TITLE BLOCK GRANT PARTNERSHIP)						
8. Other Federal Funds <i>(Line10, Form 2)</i>	\$ 39,489,037	\$ 40,476,173	\$ 47,224,459	\$ 0	\$ 49,207,697	\$ 0
9. Total <i>(Line11, Form 2)</i>	\$ 43,132,099	\$ 43,706,507	\$ 50,833,168	\$ 0	\$ 52,816,406	\$ 0
(STATE MCH BUDGET TOTAL)						

FORM 3
STATE MCH FUNDING PROFILE

[Secs. 505(a) and 506((a))(1-3)]

STATE: NV

	FY 2002		FY 2003		FY 2004	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
1. Federal Allocation <i>(Line1, Form 2)</i>	\$ 1,545,737	\$ 1,456,330	\$ 1,587,216	\$ 1,536,682	\$ 2,154,866	\$ 1,614,364
2. Unobligated Balance <i>(Line2, Form 2)</i>	\$ 150,000	\$ 0	\$ 150,000	\$ 0	\$ 150,000	\$ 0
3. State Funds <i>(Line3, Form 2)</i>	\$ 1,159,303	\$ 1,242,248	\$ 1,190,412	\$ 1,152,512	\$ 1,616,150	\$ 1,210,773
4. Local MCH Funds <i>(Line4, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
5. Other Funds <i>(Line5, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
6. Program Income <i>(Line6, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
7. Subtotal <i>(Line8, Form 2)</i>	\$ 2,855,040	\$ 2,698,578	\$ 2,927,628	\$ 2,689,194	\$ 3,921,016	\$ 2,825,137
(THE FEDERAL-STATE TITLE BLOCK GRANT PARTNERSHIP)						
8. Other Federal Funds <i>(Line10, Form 2)</i>	\$ 32,093,173	\$ 32,332,245	\$ 31,788,074	\$ 32,862,500	\$ 37,225,573	\$ 39,157,753
9. Total <i>(Line11, Form 2)</i>	\$ 34,948,213	\$ 35,030,823	\$ 34,715,702	\$ 35,551,694	\$ 41,146,589	\$ 41,982,890
(STATE MCH BUDGET TOTAL)						

FORM NOTES FOR FORM 3

None

FIELD LEVEL NOTES

- 1. Section Number:** Main
Field Name: FedAllocExpended
Row Name: Federal Allocation
Column Name: Expended
Year: 2004
Field Note:
The amount budgeted (\$2,154,866) was overstated from the amount actually awarded and available for FY 04. The award for FFY 03 was \$1,581,541 and the award for FFY 04 was \$1,996,035. Nevada state authority requirements are time consuming and there were delays in implementing programs to utilize the additional revenues available. This will not be a recurring problem as sufficient state expenditure authority is built in to the respective budgets.
- 2. Section Number:** Main
Field Name: UnobligatedBalanceExpended
Row Name: Unobligated Balance
Column Name: Expended
Year: 2005
Field Note:
The budget is built to retain a \$150,000 carry forward each year to allow flexibility for expenditure purposes in any given state fiscal year.
- 3. Section Number:** Main
Field Name: UnobligatedBalanceExpended
Row Name: Unobligated Balance
Column Name: Expended
Year: 2004
Field Note:
The budget is built to retain a \$150,000 carry forward each year to allow flexibility for expenditure purposes in any given state fiscal year.
- 4. Section Number:** Main
Field Name: StateMCHFundsExpended
Row Name: State Funds
Column Name: Expended
Year: 2004
Field Note:
State expenditures followed the lower expenditure levels for the federal portion of the MCH program. The State maintains a \$3 State expenditure for each \$4 federal expenditure. Federal expenditures of \$1,614,364 were matched with \$1,210,773 of State expenditures for FY 04.
- 5. Section Number:** Main
Field Name: OtherFedFundsExpended
Row Name: Other Federal Funds
Column Name: Expended
Year: 2005
Field Note:
Program funds utilized in FY 05 include the following: WIC \$38,465,866; PCDC \$206,858; SSDI \$89,146; Abstinence \$ 221,318; ECCS \$ 91,465; Injury \$102,189; RCSC \$ 293,296; Oral Health \$462,916; Newborn Hearing \$33,091; PHHS \$12,469; Rape Education \$ 268,353; Child's Oral \$ 72,806; SEARCH \$ 156,400: Total \$ 40,476,173.

FORM 4

BUDGET DETAILS BY TYPES OF INDIVIDUALS SERVED (I) AND SOURCES OF OTHER FEDERAL FUNDS (II)

[Secs 506(2)(2)(iv)]

STATE: NV

	FY 2005		FY 2006		FY 2007	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Federal-State MCH Block Grant Partnership						
a. Pregnant Women	\$ 1,446,253	\$ 1,410,605	\$ 1,432,657	\$ 0	\$ 1,432,657	\$ 0
b. Infants < 1 year old	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
c. Children 1 to 22 years old	\$ 929,734	\$ 776,271	\$ 920,220	\$ 0	\$ 920,220	\$ 0
d. Children with Special Healthcare Needs	\$ 1,067,472	\$ 845,328	\$ 1,058,192	\$ 0	\$ 1,058,192	\$ 0
e. Others	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
f. Administration	\$ 199,603	\$ 198,130	\$ 197,640	\$ 0	\$ 197,640	\$ 0
g. SUBTOTAL	\$ 3,643,062	\$ 3,230,334	\$ 3,608,709	\$ 0	\$ 3,608,709	\$ 0
II. Other Federal Funds (under the control of the person responsible for administration of the Title V program).						
a. SPRANS	\$ 0		\$ 0		\$ 0	
b. SSDI	\$ 100,000		\$ 100,000		\$ 100,000	
c. CISS	\$ 100,000		\$ 178,466		\$ 140,000	
d. Abstinence Education	\$ 286,164		\$ 286,164		\$ 286,246	
e. Healthy Start	\$ 0		\$ 0		\$ 0	
f. EMSC	\$ 0		\$ 0		\$ 0	
g. WIC	\$ 37,243,109		\$ 44,489,283		\$ 46,881,514	
h. AIDS	\$ 0		\$ 0		\$ 0	
i. CDC	\$ 802,753		\$ 866,568		\$ 867,539	
j. Education	\$ 0		\$ 0		\$ 0	
k. Other						
Other - See Notes	\$ 587,498		\$ 552,544		\$ 562,715	
Real Choices	\$ 369,513		\$ 751,434		\$ 369,683	
III. SUBTOTAL	\$ 39,489,037		\$ 47,224,459		\$ 49,207,697	

FORM 4

BUDGET DETAILS BY TYPES OF INDIVIDUALS SERVED (I) AND SOURCES OF OTHER FEDERAL FUNDS (II)

[Secs 506(2)(2)(iv)]

STATE: NV

	FY 2002		FY 2003		FY 2004	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Federal-State MCH Block Grant Partnership						
a. Pregnant Women	\$ 807,497	\$ 980,765	\$ 1,102,329	\$ 1,044,069	\$ 1,235,176	\$ 1,148,043
b. Infants < 1 year old	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
c. Children 1 to 22 years old	\$ 817,217	\$ 727,472	\$ 833,289	\$ 688,366	\$ 1,235,177	\$ 722,686
d. Children with Special Healthcare Needs	\$ 1,075,754	\$ 834,590	\$ 833,289	\$ 778,997	\$ 1,235,177	\$ 758,694
e. Others	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
f. Administration	\$ 154,572	\$ 155,750	\$ 158,721	\$ 177,762	\$ 215,486	\$ 195,714
g. SUBTOTAL	\$ 2,855,040	\$ 2,698,577	\$ 2,927,628	\$ 2,689,194	\$ 3,921,016	\$ 2,825,137
II. Other Federal Funds (under the control of the person responsible for administration of the Title V program).						
a. SPRANS	\$ 0		\$ 0		\$ 0	
b. SSDI	\$ 100,000		\$ 94,111		\$ 100,000	
c. CISS	\$ 0		\$ 0		\$ 0	
d. Abstinence Education	\$ 157,534		\$ 157,534		\$ 286,165	
e. Healthy Start	\$ 0		\$ 0		\$ 0	
f. EMSC	\$ 0		\$ 0		\$ 0	
g. WIC	\$ 29,379,000		\$ 29,379,000		\$ 35,129,209	
h. AIDS	\$ 0		\$ 0		\$ 0	
i. CDC	\$ 889,474		\$ 430,632		\$ 766,538	
j. Education	\$ 554,949		\$ 702,216		\$ 0	
k. Other						
CMS-Real Choices	\$ 0		\$ 0		\$ 369,513	
PHHS	\$ 0		\$ 0		\$ 46,470	
Primary Health Care	\$ 0		\$ 0		\$ 527,678	
BPHC	\$ 357,056		\$ 364,056		\$ 0	
HRSA/Quentin Burdick	\$ 0		\$ 160,525		\$ 0	
TANF	\$ 500,000		\$ 500,000		\$ 0	
HRSA	\$ 155,160		\$ 0		\$ 0	
III. SUBTOTAL	\$ 32,093,173		\$ 31,788,074		\$ 37,225,573	

FORM NOTES FOR FORM 4

None

FIELD LEVEL NOTES

- 1. Section Number:** I. Federal-State MCH Block Grant Partnership
Field Name: PregWomenBudgeted
Row Name: Pregnant Women
Column Name: Budgeted
Year: 2006
Field Note:
The amount budgeted for FY 06 is the percentage of expenditures for this population divided by the total budgeted expenditures for FY 05. The percentage for FY 05 is 39.7%. $(\$3,608,709 \times .397 = \$1,432,657)$.
- 2. Section Number:** I. Federal-State MCH Block Grant Partnership
Field Name: Children_1_22Budgeted
Row Name: Children 1 to 22 years old
Column Name: Budgeted
Year: 2006
Field Note:
The amount budgeted for FY 06 is the percentage of expenditures for this population divided by the total budgeted expenditures for FY 05. The percentage for FY 05 is 25.5%. $(\$3,608,709 \times .255 = \$920,220)$.
- 3. Section Number:** I. Federal-State MCH Block Grant Partnership
Field Name: Children_1_22Expended
Row Name: Children 1 to 22 years old
Column Name: Expended
Year: 2005
Field Note:
Expenditures did not meet the budgeted amount, but did meet the minimum requirements of 30% for expenditures for this population.
- 4. Section Number:** I. Federal-State MCH Block Grant Partnership
Field Name: Children_1_22Expended
Row Name: Children 1 to 22 years old
Column Name: Expended
Year: 2004
Field Note:
Budgeted expenditures for this population were straight-lined at 30% of the anticipated grant award. Expenditures did not meet the budgeted amounts, but do meet the minimum requirements of 30% for expenditures for this population.
- 5. Section Number:** I. Federal-State MCH Block Grant Partnership
Field Name: CSHCNBudgeted
Row Name: CSHCN
Column Name: Budgeted
Year: 2006
Field Note:
The amount budgeted for FY 06 is the percentage of expenditures for this population divided by the total budgeted expenditures for FY 05. The percentage for FY 05 is 29.3%. $(\$3,608,709 \times .255 = \$1,057,352)$. This budget total is rounded up by \$840 to match the grant application total.
- 6. Section Number:** I. Federal-State MCH Block Grant Partnership
Field Name: CSHCNExpended
Row Name: CSHCN
Column Name: Expended
Year: 2005
Field Note:
Expenditures did not meet the budgeted amount, but did meet the minimum requirements of 30% for expenditures for this population.
- 7. Section Number:** I. Federal-State MCH Block Grant Partnership
Field Name: CSHCNExpended
Row Name: CSHCN
Column Name: Expended
Year: 2004
Field Note:
Budgeted expenditures for this population were straight-lined at 30% of the anticipated grant award. Expenditures did not meet the budgeted amounts, but do meet the minimum requirements of 30% for expenditures for this population.
- 8. Section Number:** I. Federal-State MCH Block Grant Partnership
Field Name: AdminBudgeted
Row Name: Administration
Column Name: Budgeted
Year: 2006
Field Note:
Administrative expenditures are 10% of the grant application total request.
- 9. Section Number:** I. Federal-State MCH Block Grant Partnership
Field Name: AdminBudgeted
Row Name: Administration
Column Name: Budgeted
Year: 2005
Field Note:
10% of grant total will be drawn for Administration expenditures within the allowance of the grant.

FORM 5
STATE TITLE V PROGRAM BUDGET AND EXPENDITURES BY TYPES OF SERVICES

[Secs. 505(a)(2)(A-B) and 506(a)(1)(A-D)]

STATE: NV

TYPE OF SERVICE	FY 2005		FY 2006		FY 2007	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Direct Health Care Services (Basic Health Services and Health Services for CSHCN.)	\$ 1,384,364	\$ 835,058	\$ 1,494,006	\$ 0	\$ 934,656	\$ 0
II. Enabling Services (Transportation, Translation, Outreach, Respite Care, Health Education, Family Support Services, Purchase of Health Insurance, Case Management, and Coordination with Medicaid, WIC, and Education.)	\$ 837,904	\$ 626,057	\$ 732,568	\$ 0	\$ 700,090	\$ 0
III. Population-Based Services (Newborn Screening, Lead Screening, Immunization, Sudden Infant Death Syndrome Counseling, Oral Health, Injury Prevention, Nutrition, and Outreach/Public Education.)	\$ 1,109,191	\$ 1,357,401	\$ 967,134	\$ 0	\$ 1,515,657	\$ 0
IV. Infrastructure Building Services (Needs Assessment, Evaluation, Planning, Policy Development, Coordination, Quality Assurance, Standards Development, Monitoring, Training, Applied Research, Systems of Care, and Information Systems.)	\$ 311,603	\$ 411,818	\$ 415,001	\$ 0	\$ 458,306	\$ 0
V. Federal-State Title V Block Grant Partnership Total (Federal-State Partnership only. Item 15g of SF 42r. For the "Budget" columns this is the same figure that appears in Line 8, Form 2, and in the "Budgeted" columns of Line 7 Form 3. For the "Expended" columns this is the same figure that appears in the "Expended" columns of Line 7, Form 3.)	\$ 3,643,062	\$ 3,230,334	\$ 3,608,709	\$ 0	\$ 3,608,709	\$ 0

FORM 5
STATE TITLE V PROGRAM BUDGET AND EXPENDITURES BY TYPES OF SERVICES

[Secs. 505(a)(2)(A-B) and 506(a)(1)(A-D)]

STATE: NV

TYPE OF SERVICE	FY 2002		FY 2003		FY 2004	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Direct Health Care Services (Basic Health Services and Health Services for CSHCN.)	\$ 1,513,171	\$ 1,167,243	\$ 1,718,518	\$ 1,018,179	\$ 1,686,037	\$ 1,170,545
II. Enabling Services (Transportation, Translation, Outreach, Respite Care, Health Education, Family Support Services, Purchase of Health Insurance, Case Management, and Coordination with Medicaid, WIC, and Education.)	\$ 770,861	\$ 505,310	\$ 875,361	\$ 623,936	\$ 744,993	\$ 572,943
III. Population-Based Services (Newborn Screening, Lead Screening, Immunization, Sudden Infant Death Syndrome Counseling, Oral Health, Injury Prevention, Nutrition, and Outreach/Public Education.)	\$ 342,605	\$ 753,171	\$ 79,046	\$ 761,622	\$ 1,097,884	\$ 756,522
IV. Infrastructure Building Services (Needs Assessment, Evaluation, Planning, Policy Development, Coordination, Quality Assurance, Standards Development, Monitoring, Training, Applied Research, Systems of Care, and Information Systems.)	\$ 228,403	\$ 272,854	\$ 254,703	\$ 285,457	\$ 392,102	\$ 325,127
V. Federal-State Title V Block Grant Partnership Total (Federal-State Partnership only. Item 15g of SF 42r. For the "Budget" columns this is the same figure that appears in Line 8, Form 2, and in the "Budgeted" columns of Line 7 Form 3. For the "Expended" columns this is the same figure that appears in the "Expended" columns of Line 7, Form 3.)	\$ 2,855,040	\$ 2,698,578	\$ 2,927,628	\$ 2,689,194	\$ 3,921,016	\$ 2,825,137

FORM NOTES FOR FORM 5

None

FIELD LEVEL NOTES

- 1. Section Number:** Main
Field Name: DirectHCBudgeted
Row Name: Direct Health Care Services
Column Name: Budgeted
Year: 2007
Field Note:
The amount budgeted for FY 07 is the percentage of expenditures for this population in FY 05 divided by the total expenditures for FY 05. The percentage for FY 05 is 25.9%. $(\$835,058 / \$3,230,334 = 25.9\%)$. $(\$3,608,709 \times .259 = \$934,656)$.
- 2. Section Number:** Main
Field Name: DirectHCBudgeted
Row Name: Direct Health Care Services
Column Name: Budgeted
Year: 2006
Field Note:
The amount budgeted for FY 06 is the percentage of expenditures for this population divided by the total expenditures for FY 04. The percentage for FY 04 is 41.4%. $(\$3,608,709 \times .414 = \$1,494,006)$.
- 3. Section Number:** Main
Field Name: DirectHCBudgeted
Row Name: Direct Health Care Services
Column Name: Budgeted
Year: 2005
Field Note:
The budget for Direct Services in FY 05 includes budgeted amount for Early Intervention Services (\$455,799), payments to medical providers for CSHCN clients (\$186,814 projected), the genetics contract (\$66,500), and the craniofacial contract (\$14,643). Other expenditures are projected for salaries and fringe benefits, nursing services in rural counties of Nevada and health clinics in Clark and Washoe Counties. The total amount budgeted for Direct Services in FY 05 is \$1,384,364.
- 4. Section Number:** Main
Field Name: DirectHCExpended
Row Name: Direct Health Care Services
Column Name: Expended
Year: 2005
Field Note:
Expenditures of \$835,058 were below the budgeted amount of \$1,384,364 by \$549,306. This variance is due primarily to past practice of state expenditures for Newborn Screening being reported as a Direct Health Care Service. This report includes Newborn Screening expenditures for FY 05 with Population Based Services.

In addition, the emphasis on moving MCH expenditures away from Direct Services expenditures is taking effect.
- 5. Section Number:** Main
Field Name: DirectHCExpended
Row Name: Direct Health Care Services
Column Name: Expended
Year: 2004
Field Note:
The budget amount for SF 2004 exceeded the grant award available funds for this period. The budget amount is based on an award of \$2,154,866, while the federal award for FFY 03 was \$1,581,541 and for FFY 04 \$1,996,035. The expenditures of \$1,170,545 for Direct Services are consistent with historical expenditures for the given expenditure level.
- 6. Section Number:** Main
Field Name: EnablingBudgeted
Row Name: Enabling Services
Column Name: Budgeted
Year: 2007
Field Note:
The amount budgeted for FY 07 is the percentage of expenditures for this population in FY 05 divided by the total expenditures for FY 05. The percentage for FY 05 is 19.4%. $(\$626,057 / \$3,230,334 = 19.4\%)$. $(\$3,608,709 \times .194 = \$700,090)$.
- 7. Section Number:** Main
Field Name: EnablingBudgeted
Row Name: Enabling Services
Column Name: Budgeted
Year: 2006
Field Note:
The amount budgeted for FY 06 is the percentage of expenditures for this population divided by the total expenditures for FY 04. The percentage for FY 04 is 20.3%. $(\$3,608,709 \times .203 = \$732,568)$.
- 8. Section Number:** Main
Field Name: EnablingBudgeted
Row Name: Enabling Services
Column Name: Budgeted
Year: 2005
Field Note:
The budget for Enabling Services in FY 05 includes salary and benefits for FTE's and a new prenatal campaign designed to improve access for pregnant women to early prenatal care. Health Division will enter into contractual arrangements with local agencies statewide to provide prenatal care and referrals to other agencies for additional services needed by pregnant women.
- 9. Section Number:** Main
Field Name: EnablingExpended
Row Name: Enabling Services
Column Name: Expended
Year: 2005
Field Note:
Expenditures in FY05 of \$626,057 were below the budgeted amount of \$837,904 by \$211,847. Reporting parameters for FY 05 were unchanged from FY 04 and the expenditures were unable to meet the optimistic budgeted amount for FY 05.
- 10. Section Number:** Main
Field Name: EnablingExpended
Row Name: Enabling Services
Column Name: Expended

Year: 2004

Field Note:

The budget amount for SF 2004 exceeded the grant award available funds for this period. The budget amount is based on an award of \$2,154,866, while the federal award for FFY 03 was \$1,581,541 and for FFY 04 \$1,996,035. The expenditures of \$572,943 for Enabling Services are consistent with historical expenditures for the given expenditure level.

11. Section Number: Main

Field Name: PopBasedBudgeted

Row Name: Population-Based Services

Column Name: Budgeted

Year: 2007

Field Note:

The amount budgeted for FY 07 is the percentage of expenditures for this population in FY 05 divided by the total expenditures for FY 05. The percentage for FY 05 is 42.0%. $(\$1,357,401 / \$3,230,334 = 42.0\%)$. $(\$3,608,709 \times .420 = \$1,515,657)$.

12. Section Number: Main

Field Name: PopBasedBudgeted

Row Name: Population-Based Services

Column Name: Budgeted

Year: 2006

Field Note:

The amount budgeted for FY 06 is the percentage of expenditures for this population divided by the total expenditures for FY 04. The percentage for FY 04 is 26.8%. $(\$3,608,709 \times .268 = \$967,134)$.

Newborn screening services reported under Population-Based Services tests for 31 anomalies, utilizing tandem mass spectrometry technology that was implemented in 2004.

13. Section Number: Main

Field Name: PopBasedBudgeted

Row Name: Population-Based Services

Column Name: Budgeted

Year: 2005

Field Note:

The budget for Population-Based Services in FY 05 includes newborn screening services and an MCH referral campaign (replacing the Baby Your Baby campaign) that will utilize new material produced by other grant funded projects (ie Real Choices funded by a CMS grant) to provide assistance to and improve access to health care and other services for women, children and adolescents.

The newborn screening expenditures will more than double in FY 05 due to higher costs of the laboratory testing contract and expanded scope of work, testing for 23 anomalies, utilizing tandem mass spectrometry technology.

14. Section Number: Main

Field Name: PopBasedExpended

Row Name: Population-Based Services

Column Name: Expended

Year: 2005

Field Note:

Expenditures for Population-Based Services in FY 05 amounted to \$1,357,401 compared to the budgeted amount of \$1,109,191. This variance amounts to \$248,210. FY 05 expenditures include newborn screening that was previously budgeted as Direct Services. In addition to the newborn screening services, salaries and benefits of FTE's are prorated to Population-Based Services.

15. Section Number: Main

Field Name: PopBasedExpended

Row Name: Population-Based Services

Column Name: Expended

Year: 2004

Field Note:

The budget amount for SF 2004 exceeded the grant award available funds for this period. The budget amount is based on an award of \$2,154,866, while the federal award for FFY 03 was \$1,581,541 and for FFY 04 \$1,996,035. The expenditures of \$756,522 for Population-Based Services are consistent with historical expenditures for the given expenditure level.

16. Section Number: Main

Field Name: InfrastrBuildBudgeted

Row Name: Infrastructure Building Services

Column Name: Budgeted

Year: 2007

Field Note:

The amount budgeted for FY 07 is the percentage of expenditures for this population in FY 05 divided by the total expenditures for FY 05. The percentage for FY 05 is 12.7%. $(\$411,818 / \$3,230,334 = 12.7\%)$. $(\$3,608,709 \times .127 = \$458,306)$.

17. Section Number: Main

Field Name: InfrastrBuildBudgeted

Row Name: Infrastructure Building Services

Column Name: Budgeted

Year: 2006

Field Note:

The amount budgeted for FY 06 is the percentage of expenditures for this population divided by the total expenditures for FY 04. The percentage for FY 04 is 11.5%. $(\$3,608,709 \times .115 = \$415,001)$.

18. Section Number: Main

Field Name: InfrastrBuildBudgeted

Row Name: Infrastructure Building Services

Column Name: Budgeted

Year: 2005

Field Note:

The budget for Infrastructure Building Services in FY 05 includes 100% of Administrative charges (\$199,603) and salaries and benefits for FTE's estimated to total \$112,000 in FY 05. Total budget amount for Infrastructure Building Services in FY 05 is \$311,603.

19. Section Number: Main

Field Name: InfrastrBuildExpended

Row Name: Infrastructure Building Services

Column Name: Expended

Year: 2005

Field Note:

Expenditures for Infrastructure Building Services amount to \$411,818 compared to the budgeted amount of \$311,603. The variance amounts to \$100,215. In past years the budget included only a portion of Administration expenditures (10%) for Infrastructure Building Services. The reporting period for FY 05 includes 100% of Administrative

expenditures, some computer hardware purchases and additional personnel costs as Infrastructure Building Services.

20. **Section Number:** Main

Field Name: InfrastrBuildExpended

Row Name: Infrastructure Building Services

Column Name: Expended

Year: 2004

Field Note:

The budget amount for SF 2004 exceeded the grant award available funds for this period. The budget amount is based on an award of \$2,154,866, while the federal award for FFY 03 was \$1,581,541 and for FFY 04 \$1,996,035. The expenditures of \$325,127 for Infrastructure Building Services are consistent with historical expenditures for the given expenditure level.

FORM 6

NUMBER AND PERCENTAGE OF NEWBORNS AND OTHERS SCREENED, CASES CONFIRMED, AND TREATED

Sect. 506(a)(2)(B)(iii)

STATE: NV

Total Births by Occurrence: 37,083

Reporting Year: 2005

Type of Screening Tests	(A) Receiving at least one Screen (1)		(B) No. of Presumptive Positive Screens	(C) No. Confirmed Cases (2)	(D) Needing Treatment that Received Treatment (3)	
	No.	%			No.	%
Phenylketonuria	36,490	98.4	15	0	0	
Congenital Hypothyroidism	36,490	98.4	700	19	19	100
Galactosemia	36,490	98.4	73	0	0	
Sickle Cell Disease	36,490	98.4	18	13	13	100
Other Screening (Specify)						
Biotinidase Deficiency	36,490	98.4	22	2	2	100
Hemoglobinopathies	36,490	98.4	19	14	14	100
Congenital Adrenal Hyperplasia (CAH)	36,490	98.4	302	3	3	100
Maple Syrup Urine Disease (MSUD)	36,490	98.4	0	0	0	
Other	36,490	98.4	7	7	7	100
Hyperphenylalaninemia	36,490	98.4	1	1	1	100
Medium Chain AcylCo-A Dehydrogenase (MCAD)	36,490	98.4	1	1	1	100

Screening Programs for Older Children & Women (Specify Tests by name)

- (1) Use occurrent births as denominator.
 (2) Report only those from resident births.
 (3) Use number of confirmed cases as denominator.

FORM NOTES FOR FORM 6

In calendar year 2005 - Nevada completed a data match of Newborn Screening data and birth certificates - 98.4% of infants born in Nevada received at least one newborn screening prior to hospital discharge. This exceeds the year 2010 Healthy People goal.

FIELD LEVEL NOTES

1. Section Number: Main

Field Name: BirthOccurrence

Row Name: Total Births By Occurrence

Column Name: Total Births By Occurrence

Year: 2007

Field Note:

Birth certificate and NBS laboratory data were computer matched - showing that 98.4% of infants born in Nevada received at least one dried bloodspot screening.

2. Section Number: Other Screening Types

Field Name: Other

Row Name: All Rows

Column Name: All Columns

Year: 2007

Field Note:

The program utilizes MS/MS technology to screen for :

Metabolic disorders (biotinidase deficiency, Galactosemia)

Amino Acid disorders

Organic Acid disorders

Fatty Acid Oxidation disorders (MCAD)

FORM 7
NUMBER OF INDIVIDUALS SERVED (UNDUPLICATED) UNDER TITLE V
(BY CLASS OF INDIVIDUALS AND PERCENT OF HEALTH COVERAGE)

[Sec. 506(a)(2)(A)(i-ii)]

STATE: NV

Reporting Year: 2005

Types of Individuals Served	TITLE V	PRIMARY SOURCES OF COVERAGE				
	(A) Total Served	(B) Title XIX %	(C) Title XXI %	(D) Private/Other %	(E) None %	(F) Unknown %
Pregnant Women	6,568	18.0	1.0	2.0	60.0	19.0
Infants < 1 year old	36,479	13.0	3.0	60.0	16.0	8.0
Children 1 to 22 years old	28,071	25.0	3.0	4.0	58.0	10.0
Children with Special Healthcare Needs	3,308	43.0	3.0	19.0	20.0	15.0
Others	14,089	10.0	1.0	68.0	21.0	0.0
TOTAL	88,515					

FORM NOTES FOR FORM 7

None

FIELD LEVEL NOTES

None

FORM 8
DELIVERIES AND INFANTS SERVED BY TITLE V AND ENTITLED TO BENEFITS UNDER TITLE
XIX
(BY RACE AND ETHNICITY)
[SEC. 506(A)(2)(C-D)]
STATE: NV

Reporting Year: 2005

I. UNDUPLICATED COUNT BY RACE

	(A) Total All Races	(B) White	(C) Black or African American	(D) American Indian or Native Alaskan	(E) Asian	(F) Native Hawaiian or Other Pacific Islander	(G) More than one race reported	(H) Other and Unknown
DELIVERIES								
Total Deliveries in State	35,890	29,408	2,873	374	2,646	139	0	450
Title V Served	6,568	5,782	471	5	310	0	0	0
Eligible for Title XIX	12,219	10,203	1,314	88	466	45	0	103
INFANTS								
Total Infants in State	37,890	30,908	3,400	573	2,868	141	0	0
Title V Served	36,479	30,271	3,288	469	2,351	100	0	0
Eligible for Title XIX	10,943	8,560	1,410	118	775	80	0	0

II. UNDUPLICATED COUNT BY ETHNICITY

				HISPANIC OR LATINO (Sub-categories by country or area of origin)				
	(A) Total NOT Hispanic or Latino	(B) Total Hispanic or Latino	(C) Ethnicity Not Reported	(B.1) Mexican	(B.2) Cuban	(B.3) Puerto Rican	(B.4) Central and South American	(B.5) Other and Unknown
DELIVERIES								
Total Deliveries in State	21,578	13,723	589	11,459	198	257	1,367	442
Title V Served	1,970	4,597	1	4,045	55	100	397	0
Eligible for Title XIX	7,120	5,099	0	0	0	0	0	5,099
INFANTS								
Total Infants in State	25,982	11,458	450	0	0	0	0	11,458
Title V Served	24,452	12,027	0	0	0	0	0	12,027
Eligible for Title XIX	7,335	3,608	0	0	0	0	0	3,608

FORM NOTES FOR FORM 8

None

FIELD LEVEL NOTES

None

FORM 9
STATE MCH TOLL-FREE TELEPHONE LINE DATA FORM
[SECS. 505(A)(E) AND 509(A)(8)]
STATE: NV

	FY 2007	FY 2006	FY 2005	FY 2004	FY 2003
1. State MCH Toll-Free "Hotline" Telephone Number	<u>(800) 429-2669</u>	<u>(800) 429-2669</u>	<u>(800) 429-2669</u>	<u>(800) 429-2669</u>	<u>(800) 429-2669</u>
2. State MCH Toll-Free "Hotline" Name	MCH Campaign	MCH Campaign	MCH Campaign	Baby Your Baby	Baby Your Baby
3. Name of Contact Person for State MCH "Hotline"	<u>Judith Wright</u>	<u>Judith Wright</u>	<u>Judith Wright</u>	<u>Judith Wright</u>	<u>Judith Wright</u>
4. Contact Person's Telephone Number	<u>(775) 684-4285</u>	<u>(775) 684-4285</u>	<u>(775) 684-4285</u>	<u>(775) 684-4285</u>	<u>(775) 684-4285</u>
5. Number of calls received on the State MCH "Hotline" this reporting period	<u>0</u>	<u>0</u>	<u>1,131</u>	<u>1,183</u>	<u>7,573</u>

FORM 9
STATE MCH TOLL-FREE TELEPHONE LINE DATA FORM (OPTIONAL)
[SECS. 505(A)(E) AND 509(A)(8)]
STATE: NV

	FY 2007	FY 2006	FY 2005	FY 2004	FY 2003
1. State MCH Toll-Free "Hotline" Telephone Number	<u>(866) 254-3946</u>	<u>(866) 254-3964</u>	<u>866 254-3964</u>		
2. State MCH Toll-Free "Hotline" Name	Bureau of Family Health Services CSHCN	Bureau of Family Health Services CSHCN	Bureau of Family Health Services		
3. Name of Contact Person for State MCH "Hotline"	<u>Judith Wright</u>	<u>Judith Wright</u>	<u>Judith Wright</u>		
4. Contact Person's Telephone Number	<u>(775) 684-4285</u>	<u>(775) 684-4285</u>	<u>775 684-4285</u>		
5. Number of calls received on the State MCH "Hotline" this reporting period	<u>0</u>	<u>0</u>	<u>809</u>	<u>0</u>	<u>0</u>

FORM NOTES FOR FORM 9

None

FIELD LEVEL NOTES

1.

Section Number: Main

Field Name: hname_2

Row Name: State MCH toll-free hotline name

Column Name: FY

Year: 2005

Field Note:
The Baby Your Baby campaign lost its funding and ended 12/31/03. It has been replaced by the MCH Campaign, which includes the Title V hotline.
2.

Section Number: Optional

Field Name: hnumber_1

Row Name: State MCH toll-free hotline telephone number

Column Name: FY

Year: 2005

Field Note:
This is a new line installed after the state eliminated its generic toll free line. This one will be advertised as part of the CSHCN systems development activities described in this document.

FORM 10
TITLE V MATERNAL & CHILD HEALTH SERVICES BLOCK GRANT
STATE PROFILE FOR FY 2007
[SEC. 506(A)(1)]
STATE: NV

1. State MCH Administration:
(max 2500 characters)

Nevada's Title V Maternal and Child Health Program continues to be administered through the Bureau of Family Health Services, Nevada State Health Division, Department of Health and Human Services. Programs under MCH include the Children with Special Health Care Needs Program (including newborn screening, newborn hearing screening, specialty nutrition and the Birth Defects Registry); the MCH Campaign, a multi faceted initiative which encourages early entry into prenatal care and a medical home for children; Perinatal Substance Abuse Prevention; the Child and Adolescent Program (including Teen Pregnancy Prevention, Early Childhood Systems Development, and Middle Childhood systems development); Oral Health; Primary Care Development Center; WIC; and Injury and Rape Prevention.

Block Grant Funds

2. Federal Allocation (Line 1, Form 2)	\$ 1,976,405
3. Unobligated balance (Line 2, Form 2)	\$ 150,000
4. State Funds (Line 3, Form 2)	\$ 1,482,304
5. Local MCH Funds (Line 4, Form 2)	\$ 0
6. Other Funds (Line 5, Form 2)	\$ 0
7. Program Income (Line 6, Form 2)	\$ 0
8. Total Federal-State Partnership (Line 8, Form 2)	\$ 3,608,709

9. Most significant providers receiving MCH funds:

Oregon State Public Health Laboratory
Washoe Pregnancy Center
University Medical Center
Early Intervention Services

10. Individuals served by the Title V Program (Col. A, Form 7)

a. Pregnant Women	6,568
b. Infants < 1 year old	36,479
c. Children 1 to 22 years old	28,071
d. CSHCN	3,308
e. Others	14,089

11. Statewide Initiatives and Partnerships:

a. Direct Medical Care and Enabling Services:
(max 2500 characters)

Nevada's direct and medical care enabling services include the CSHCN Program which provides provider reimbursement for medical services for eligible children. Nutritionists were added to the approved provider list for children with diabetes and like disorders. It also includes Adolescent clinics in Las Vegas and Reno where adolescents without any health coverage can receive needed medical services. Finally it supports community health nursing in rural communities through the Bureau of Community Health.

b. Population-Based Services:
(max 2500 characters)

Nevada's Newborn Screening Program (31 metabolic, endocrine and hemoglobin disorders) screened 98.4% of infants born in the state in 2005. Case management for children with metabolic disorders is provided through multidisciplinary metabolic clinics in Reno and Las Vegas and the CSHCN program. Newborn Hearing Screening (screening of infants) is required of all infants born in hospitals with 500 or more births. The Bureau is responsible for ensuring follow-up including referral to early intervention. In 2005 96.5% of the babies born in mandated hospitals were screened. The MCH Campaign continued the toll free telephone number and a web page was developed to encourage early and often entry into prenatal care and access to pediatric services.

c. Infrastructure Building Services:
(max 2500 characters)

The Birth Defects Registry became active in 2005 with the hiring of an FTE (data collection and case referral). It is now statewide. Collection for 2005 has been completed. Oral Health and Injury Prevention continued surveillance as a major part of both programs. The SSDI grant continues to support the FTE in the Center for Health Data and Research, Bureau of Health Planning and Statistics, in the collection of MCH data for the block grant and other MCH initiatives. The data warehouse there contains close to 30 data bases that can be linked for data analysis.

12. The primary Title V Program contact person:

Name	Judith Wright
Title	Bureau Chief
Address	3427 Goni Road, Suite 108
City	Carson City
State	Nevada
Zip	89706

13. The children with special health care needs (CSHCN) contact person:

Name	Vacant
Title	Health Program Specialist 2
Address	3427 Goni Road, Suite 108
City	Carson City
State	Nevada
Zip	89706

Phone 775-684-4285
Fax 775-684-4245
Email jwright@nvhd.state.nv.us
Web www.health2k.state.nv.us

Phone 775-684-4285
Fax 775-684-4245
Email jwright@nvhd.state.nv.us
Web www.health2k.state.nv.us

FORM NOTES FOR FORM 10

None

FIELD LEVEL NOTES

1. **Section Number:** Most significant providers receiving MCH funds
Field Name: ProviderFund1
Row Name:
Column Name:
Year: 2007
Field Note:
Oregon Public Health Laboratory provides the newborn screening for Nevada newborns.
2. **Section Number:** Most significant providers receiving MCH funds
Field Name: ProviderFund2
Row Name:
Column Name:
Year: 2007
Field Note:
Washoe Pregnancy Center partners with the Washoe County District Health Department for the MCH Campaign in Washoe County.
3. **Section Number:** Most significant providers receiving MCH funds
Field Name: ProviderFund3
Row Name:
Column Name:
Year: 2007
Field Note:
University Medical Center is the southern partner in the MCH Campaign.
4. **Section Number:** Most significant providers receiving MCH funds
Field Name: ProviderFund4
Row Name:
Column Name:
Year: 2007
Field Note:
MCH Funds support the services provided through Nevada's Early Intervention Services, managed out of the Bureau of Early Intervention Services in the State Health Division.
5. **Section Number:** Statewide Initiatives and Partnerships
Field Name: PBS
Row Name: Population-Based Services
Column Name:
Year: 2007
Field Note:
Nevada works with Hospitals and primary care physicians to provide screening of infants for metabolic, endocrine, hemoglobin and hearing disorders.
6. **Section Number:** The CSHCN contact person
Field Name: CSHCNContact
Row Name:
Column Name:
Year: 2007
Field Note:
Gloria Deyhle, RN, long-time CSHCN Manager for Nevada, retired June 2, 2006. As this is written this position has not yet been refilled.

FORM 11
TRACKING PERFORMANCE MEASURES
[SECS 485 (2)(2)(B)(III) AND 486 (A)(2)(A)(III)]
STATE: NV

Form Level Notes for Form 11

NPM #1 FY 05 Information is based on data from the Nevada Newborn Screening program contract laboratory - the Oregon Public Health Laboratory, which maintains a computer database of all screening tests submitted and the results. In addition, Newborn Screening records were matched with birth certificates - 98.4% of infants born received at least one screening prior to hospital discharge. Nevada has always had an excellent participation rate of newborns receiving at least one initial screening prior to discharge. Despite the rapid population growth in the state - hospitals and thier staff remain committed to continuing to assure all infants have a specimen taken and tested. Thus, it is anticipated that the percent of newborns receiving an initial screen will remain the same. PM 12. Nevada Revised Statute mandates that health facilities that have more than 500 deliveries per year must provide a newborn hearing screening prior to discharge from the facility (or arrange for such screenings shortly after). An annual report on hearing screening of infants for the Governor is also mandated. The report for 2005 indicates that 36,377 infants were screened for hearing loss - which is approximately 96.5% of all infants born. Of these infants, 1,035 (or 2.9%) were referred for further evaluation. This is in line with national statistics for referral. Staff is now focusing on improving data collection relative to those children who had further evaluation and were determined to have a permanent hearing disorder and have - or have not - been able to access services. This will be accomplished by educating providers (both physicians and audiologists) that it is not a HIPAA violation to report cases to the state health division hearing screening program. SPM #8 FY 05 A new mental health module will be included in the 2006 BRFS. Since the data is from BRFS, no numerator and denominator will be entering into the system.

PERFORMANCE MEASURE # 01

The percent of screen positive newborns who received timely follow up to definitive diagnosis and clinical management for condition(s) mandated by their State-sponsored newborn screening programs.

Annual Objective and Performance Data					
	2001	2002	2003	2004	2005
Annual Performance Objective	_____	_____	99	99	99
Annual Indicator	_____	98.3	99.6	99.0	98.4
Numerator	_____	32,253	33,036	34,384	35,794
Denominator	_____	32,798	33,168	34,730	36,377
Is the Data Provisional or Final?				Provisional	Provisional

Annual Objective and Performance Data					
	2006	2007	2008	2009	2010
Annual Performance Objective	99	99	99	99	99
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

Field Level Notes

1. Section Number: Performance Measure #1

Field Name: PM01

Row Name:

Column Name:

Year: 2005

Field Note:

For the first time this number is from a match of newborn screen records and birth certificates.

2. Section Number: Performance Measure #1

Field Name: PM01

Row Name:

Column Name:

Year: 2004

Field Note:

Information is based on data from the Nevada Newborn Screening program contract laboratory - the Oregon Public Health Laboratory, which maintains a computer database of all screening tests submitted and the results. Nevada has always had an excellent participation rate of newborns receiving at least one initial screening prior to discharge. Despite the rapid population growth in the state - hospitals and thier staff remain committed to continuing to assure all infants have a specimen taken and tested. Thus, it is anticipated that the percent of newborns receiving an initial screen will remain the same.

PERFORMANCE MEASURE # 02

The percent of children with special health care needs age 0 to 18 years whose families partner in decision making at all levels and are satisfied with the services they receive. (CSHCN survey)

Annual Objective and Performance Data					
	2001	2002	2003	2004	2005
Annual Performance Objective	_____	_____	55	58	60
Annual Indicator	_____	54.6	54.6	54.6	54.6
Numerator	_____	_____	_____	_____	_____
Denominator	_____	_____	_____	_____	_____
Is the Data Provisional or Final?				Final	Final

Annual Objective and Performance Data					
	2006	2007	2008	2009	2010
Annual Performance Objective	65	70	80	85	85
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** Performance Measure #2**Field Name:** PM02**Row Name:****Column Name:****Year:** 2005**Field Note:**

The data reported in 2005 are pre-populated with the data from 2004 for this performance measure.

2. Section Number: Performance Measure #2**Field Name:** PM02**Row Name:****Column Name:****Year:** 2004**Field Note:**

The data reported in 2004 are pre-populated with the data from 2003 for this performance measure.

3. Section Number: Performance Measure #2**Field Name:** PM02**Row Name:****Column Name:****Year:** 2003**Field Note:**

The data reported in 2002 have pre-populated the data for 2003 for this performance measure.

PERFORMANCE MEASURE # 03

The percent of children with special health care needs age 0 to 18 who receive coordinated, ongoing, comprehensive care within a medical home. (CSHCN Survey)

	Annual Objective and Performance Data				
	2001	2002	2003	2004	2005
Annual Performance Objective			50	55	55
Annual Indicator		49.1	49.1	49.1	49.1
Numerator					
Denominator					
Is the Data Provisional or Final?				Final	Final

	Annual Objective and Performance Data				
	2006	2007	2008	2009	2010
Annual Performance Objective	55	55	57	59	61
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** Performance Measure #3**Field Name:** PM03**Row Name:****Column Name:****Year:** 2005**Field Note:**

The data reported in 2005 are pre-populated with the data from 2004 for this performance measure.

2. Section Number: Performance Measure #3**Field Name:** PM03**Row Name:****Column Name:****Year:** 2004**Field Note:**

The data reported in 2004 are pre-populated with the data from 2003 for this performance measure.

The Real Choice Systems Change grant is being actively implemented. Linkages of CSHCN with physicians, and community programs are being developed to improve access to a medical home and coordination of services. Thus, it is anticipated that this percentage will slowly grow.

3. Section Number: Performance Measure #3**Field Name:** PM03**Row Name:****Column Name:****Year:** 2003**Field Note:**

The data reported in 2002 have pre-populated the data for 2003 for this performance measure.

PERFORMANCE MEASURE # 04

The percent of children with special health care needs age 0 to 18 whose families have adequate private and/or public insurance to pay for the services they need. (CSHCN Survey)

Annual Objective and Performance Data					
	2001	2002	2003	2004	2005
Annual Performance Objective	<div></div>	<div></div>	<div>56</div>	<div>58</div>	<div>60</div>
Annual Indicator	<div></div>	<div>55.4</div>	<div>55.4</div>	<div>55.4</div>	<div>55.4</div>
Numerator	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>
Denominator	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>
Is the Data Provisional or Final?				Final	Final

Annual Objective and Performance Data					
	2006	2007	2008	2009	2010
Annual Performance Objective	<u>62</u>	<u>64</u>	<u>66</u>	<u>68</u>	<u>70</u>
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** Performance Measure #4**Field Name:** PM04**Row Name:****Column Name:****Year:** 2005**Field Note:**

The data reported in 2005 are pre-populated with the data from 2004 for this performance measure.

2. Section Number: Performance Measure #4**Field Name:** PM04**Row Name:****Column Name:****Year:** 2004**Field Note:**

The data reported in 2004 are pre-populated with the data from 2003 for this performance measure.

3. Section Number: Performance Measure #4**Field Name:** PM04**Row Name:****Column Name:****Year:** 2003**Field Note:**

The data reported in 2002 have pre-populated the data for 2003 for this performance measure.

PERFORMANCE MEASURE # 05

Percent of children with special health care needs age 0 to 18 whose families report the community-based service systems are organized so they can use them easily. (CSHCN Survey)

Annual Objective and Performance Data					
	2001	2002	2003	2004	2005
Annual Performance Objective			75	78	80
Annual Indicator		75.1	75.1	75.1	75.1
Numerator					
Denominator					
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2006	2007	2008	2009	2010
Annual Performance Objective	<u>82</u>	<u>85</u>	<u>86</u>	<u>87</u>	<u>88</u>
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** Performance Measure #5**Field Name:** PM05**Row Name:****Column Name:****Year:** 2005**Field Note:**

The data reported in 2005 are pre-populated with the data from 2004 for this performance measure.

2. Section Number: Performance Measure #5**Field Name:** PM05**Row Name:****Column Name:****Year:** 2004**Field Note:**

The data reported in 2004 are pre-populated with the data from 2003 for this performance measure.

3. Section Number: Performance Measure #5**Field Name:** PM05**Row Name:****Column Name:****Year:** 2003**Field Note:**

The data reported in 2002 have pre-populated the data for 2003 for this performance measure.

PERFORMANCE MEASURE # 06

The percentage of youth with special health care needs who received the services necessary to make transitions to all aspects of adult life, including adult health care, work, and independence.

Annual Objective and Performance Data					
	2001	2002	2003	2004	2005
Annual Performance Objective			6	10	5.8
Annual Indicator		5.8	5.8	5.8	11
Numerator					
Denominator					
Is the Data Provisional or Final?				Final	Final

Annual Objective and Performance Data					
	2006	2007	2008	2009	2010
Annual Performance Objective	12	15	20	25	27
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

Field Level Notes**1. Section Number:** Performance Measure #6**Field Name:** PM06**Row Name:****Column Name:****Year:** 2005**Field Note:**

The data reported in 2005 are pre-populated with the data from 2004 for this performance measure. This data is SLAITS data that the State has no control over.

2. Section Number: Performance Measure #6**Field Name:** PM06**Row Name:****Column Name:****Year:** 2004**Field Note:**

The data reported in 2004 are pre-populated with the data from 2003 for this performance measure.

The Real Choice Systems Chang grant is being implemented and various parent groups and community agencies are working together to develop and improve transition services statewide. Staff is working with the Department of Education and parents to provide technical assistance. In addition, staff has developed a web-site and participates in local publications to educate the public about available services. Thus, we anticipate gradual improvement in this area.

3. Section Number: Performance Measure #6**Field Name:** PM06**Row Name:****Column Name:****Year:** 2003**Field Note:**

The data reported in 2002 have pre-populated the data for 2003 for this performance measure.

PERFORMANCE MEASURE # 07

Percent of 19 to 35 month olds who have received full schedule of age appropriate immunizations against Measles, Mumps, Rubella, Polio, Diphtheria, Tetanus, Pertussis, Haemophilus Influenza, and Hepatitis B.

Annual Objective and Performance Data					
	2001	2002	2003	2004	2005
Annual Performance Objective	<u>78</u>	<u>79</u>	<u>78</u>	<u>75</u>	<u>75</u>
Annual Indicator	<u>66.0</u>	<u>74.4</u>	<u>74.4</u>	<u>74.5</u>	<u>66.7</u>
Numerator	<u>28,692</u>	<u>33,307</u>		<u>31,160</u>	
Denominator	<u>43,473</u>	<u>44,768</u>		<u>41,826</u>	
Is the Data Provisional or Final?				Provisional	Provisional

Annual Objective and Performance Data					
	2006	2007	2008	2009	2010
Annual Performance Objective	<u>70</u>	<u>72</u>	<u>75</u>	<u>77</u>	<u>80</u>
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** Performance Measure #7**Field Name:** PM07**Row Name:****Column Name:****Year:** 2005**Field Note:**

This data is from CDC for 2005 data.

2. Section Number: Performance Measure #7**Field Name:** PM07**Row Name:****Column Name:****Year:** 2003**Field Note:**

This data comes from the CDC produced National Immunization Survey for Nevada for 7/2/2002 - 6/30/03. The numerator and denominator were not given. This data was given to the Bureau by the State's Immunization Program.

PERFORMANCE MEASURE # 08

The rate of birth (per 1,000) for teenagers aged 15 through 17 years.

<u>Annual Objective and Performance Data</u>					
	2001	2002	2003	2004	2005
Annual Performance Objective	34	33	30	27	26
Annual Indicator	30.6	27.1	27.5	26.7	25.9
Numerator	1,214	1,174	1,257	1,266	1,330
Denominator	39,689	43,328	45,749	47,362	51,274
Is the Data Provisional or Final?				Final	Final

Annual Objective and Performance Data					
	2006	2007	2008	2009	2010
Annual Performance Objective	25	24	24	24	23
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

None

PERFORMANCE MEASURE # 09

Percent of third grade children who have received protective sealants on at least one permanent molar tooth.

Annual Objective and Performance Data					
	2001	2002	2003	2004	2005
Annual Performance Objective	<u>41</u>	<u>42</u>	<u>43</u>	<u>38</u>	<u>38</u>
Annual Indicator	<u>37.5</u>	<u>37.5</u>	<u>32.5</u>	<u>32.5</u>	<u>33.0</u>
Numerator	<u>10,760</u>	<u>11,179</u>			<u>10,350</u>
Denominator	<u>28,693</u>	<u>29,810</u>			<u>31,364</u>
Is the Data Provisional or Final?				Provisional	Final

Annual Objective and Performance Data					
	2006	2007	2008	2009	2010
Annual Performance Objective	<u>40</u>	<u>42</u>	<u>44</u>	<u>46</u>	<u>47</u>
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

- 1.
- Section Number:**
- Performance Measure #9

Field Name: PM09**Row Name:****Column Name:****Year:** 2005**Field Note:**

Children were not resurveyed in 2005. This is an estimate based on prior year.

- 2.
- Section Number:**
- Performance Measure #9

Field Name: PM09**Row Name:****Column Name:****Year:** 2004**Field Note:**

This survey was not updated in 2004. The next screening is scheduled for FY 06.

- 3.
- Section Number:**
- Performance Measure #9

Field Name: PM09**Row Name:****Column Name:****Year:** 2003**Field Note:**

This measurement is take from a statewide dental screening of third-graders conducted in 2003. The "Miles for Smiles" mobile dental bus and Saint Marys's "Take Care A Van" traveled to selected schools throughout the state to estimate sealant prevalence. A convenience sample was selected utilizing geographic diversity and socioeconomic status.

PERFORMANCE MEASURE # 10

The rate of deaths to children aged 14 years and younger caused by motor vehicle crashes per 100,000 children.

<u>Annual Objective and Performance Data</u>					
	2001	2002	2003	2004	2005
Annual Performance Objective	<u>4.2</u>	<u>4.2</u>	<u>3</u>	<u>2</u>	<u>2.5</u>
Annual Indicator	<u>2.3</u>	<u>2.8</u>	<u>4.3</u>	<u>4.0</u>	<u>2.5</u>
Numerator	<u>10</u>	<u>13</u>	<u>21</u>	<u>20</u>	<u>13</u>
Denominator	<u>432,490</u>	<u>466,923</u>	<u>483,936</u>	<u>497,677</u>	<u>526,085</u>
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2006	2007	2008	2009	2010
Annual Performance Objective	<u>2.4</u>	<u>2.3</u>	<u>2.2</u>	<u>2</u>	<u>2</u>
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

None

PERFORMANCE MEASURE # 11

The percent of mothers who breastfeed their infants at 6 months of age.

<u>Annual Objective and Performance Data</u>					
	2001	2002	2003	2004	2005
Annual Performance Objective					
Annual Indicator					22.7
Numerator					
Denominator					
Is the Data Provisional or Final?					Final

Annual Objective and Performance Data					
	2006	2007	2008	2009	2010
Annual Performance Objective	25	26	27	29	30
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

1. **Section Number:** Performance Measure #11

Field Name: PM11

Row Name:

Column Name:

Year: 2005

Field Note:

This data from CDC is for 2004. The 2005 data will not be available until October 2006.

PERFORMANCE MEASURE RETIRED 11

Percentage of mothers who breastfeed their infants at hospital discharge.

Annual Objective and Performance Data					
	2001	2002	2003	2004	2005
Annual Performance Objective	<u>57</u>	<u>57</u>	<u>59</u>	<u>63</u>	<u>66</u>
Annual Indicator	<u>53.0</u>	<u>58.3</u>	<u>61.2</u>	<u>64.8</u>	<u>65.8</u>
Numerator	<u>16,588</u>	<u>19,146</u>	<u>20,564</u>	<u>22,593</u>	<u>24,008</u>
Denominator	<u>31,297</u>	<u>32,841</u>	<u>33,605</u>	<u>34,840</u>	<u>36,485</u>
Is the Data Provisional or Final?				Provisional	Provisional

Annual Objective and Performance Data					
	2006	2007	2008	2009	2010
Annual Performance Objective	<u>67</u>	<u>68</u>	<u>69</u>	<u>70</u>	<u></u>
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

- Section Number:** Old Performance Measure #11

Field Name: PM11R07**Row Name:****Column Name:****Year:** 2004**Field Note:**

This data is based on Newborn Screening testing data. Nevada mandates that all infants receive a newborn screening - one prior to hospital discharge and another a few weeks after discharge. Staff have been working with birthing hospitals to improve data collection on babies and on breastfeeding. Hospital staff report that this information is helpful to them in enabling them to improve their quality assurance programs in the maternal and child health area for the JCAHO survey of facilities. Nevada issued a first report to the birthing hospitals in the summer of 2005 that enables facilities to gauge how well they are doing.

PERFORMANCE MEASURE # 12

Percentage of newborns who have been screened for hearing before hospital discharge.

Annual Objective and Performance Data					
	2001	2002	2003	2004	2005
Annual Performance Objective	<u>35</u>	<u>80</u>	<u>85</u>	<u>94</u>	<u>95</u>
Annual Indicator	<u>34.5</u>	<u>90.8</u>	<u>94.3</u>	<u>92.5</u>	<u>96.2</u>
Numerator	<u>10,798</u>	<u>29,180</u>	<u>30,958</u>	<u>31,815</u>	<u>35,116</u>
Denominator	<u>31,297</u>	<u>32,121</u>	<u>32,834</u>	<u>34,384</u>	<u>36,485</u>
Is the Data Provisional or Final?				Provisional	Final

Annual Objective and Performance Data					
	2006	2007	2008	2009	2010
Annual Performance Objective	<u>97</u>	<u>97</u>	<u>97</u>	<u>97</u>	<u>97</u>
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** Performance Measure #12**Field Name:** PM12**Row Name:****Column Name:****Year:** 2004**Field Note:**

The Nevada Newborn Hearing Screening program has been very successful in getting newborn infants screened for hearing deficits. Problems have been encountered in assuring the follow up component. Families who have private insurance (or do not need financial assistance) rarely respond to letters sent offering CSHCN assistance. Attempts to follow up with physicians have been unsuccessful, with HIPAA being cited as the primary reason - along with the lack of time and/or funding to cover the time needed for follow up activities.

PERFORMANCE MEASURE # 13

Percent of children without health insurance.

Annual Objective and Performance Data					
	2001	2002	2003	2004	2005
Annual Performance Objective	<u>20</u>	<u>19</u>	<u>19</u>	<u>18</u>	<u>18</u>
Annual Indicator	<u>21.4</u>	<u>19.1</u>	<u>19.1</u>	<u>17.7</u>	<u>18.6</u>
Numerator	<u>117,118</u>	<u>112,259</u>	<u>110,568</u>	<u>105,473</u>	<u></u>
Denominator	<u>546,068</u>	<u>587,695</u>	<u>578,890</u>	<u>595,895</u>	<u></u>
Is the Data Provisional or Final?				Final	Final

Annual Objective and Performance Data					
	2006	2007	2008	2009	2010
Annual Performance Objective	<u>17</u>	<u>17</u>	<u>16</u>	<u>14</u>	<u>14</u>
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** Performance Measure #13**Field Name:** PM13**Row Name:****Column Name:****Year:** 2005**Field Note:**

this is an estimated measure

2. Section Number: Performance Measure #13**Field Name:** PM13**Row Name:****Column Name:****Year:** 2004**Field Note:**

See explanation in NPM 13.a.

PERFORMANCE MEASURE # 14

Percentage of children, ages 2 to 5 years, receiving WIC services with a Body Mass Index (BMI) at or above the 85th percentile.

Annual Objective and Performance Data					
	2001	2002	2003	2004	2005
Annual Performance Objective					
Annual Indicator					15.8
Numerator					
Denominator					
Is the Data Provisional or Final?					Final

Annual Objective and Performance Data					
	2006	2007	2008	2009	2010
Annual Performance Objective	15	14.5	14	14	13.5
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** Performance Measure #14**Field Name:** PM14**Row Name:****Column Name:****Year:** 2005**Field Note:**

This data from CDC analysis of WIC data is from 2004. 2005 data will not be available until October 2006.

PERFORMANCE MEASURE # 15

Percentage of women who smoke in the last three months of pregnancy.

Annual Objective and Performance Data					
	2001	2002	2003	2004	2005
Annual Performance Objective					
Annual Indicator					7.6
Numerator					2,771
Denominator					36,479
Is the Data Provisional or Final?					Provisional

Annual Objective and Performance Data					
	2006	2007	2008	2009	2010
Annual Performance Objective	7	7	6	6	5
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

1. **Section Number:** Performance Measure #15

Field Name: PM15

Row Name:

Column Name:

Year: 2005

Field Note:

This data comes from the Bureau of Health Planning and Statistics, CHDR. Data for women who smoked in the last three months of pregnancy is unavailable. Data consists of women who smoked at any time during their pregnancy (numerator) and the number of women who gave birth (denominator).

PERFORMANCE MEASURE # 16

The rate (per 100,000) of suicide deaths among youths aged 15 through 19.

<u>Annual Objective and Performance Data</u>					
	2001	2002	2003	2004	2005
Annual Performance Objective	9	8	7	6	14
Annual Indicator	6.6	6.6	13.2	11.5	6.7
Numerator	9	10	21	19	12
Denominator	135,560	150,965	159,580	165,297	177,850
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2006	2007	2008	2009	2010
Annual Performance Objective	7	7	6	6	5
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

None

PERFORMANCE MEASURE # 17

Percent of very low birth weight infants delivered at facilities for high-risk deliveries and neonates.

Annual Objective and Performance Data					
	2001	2002	2003	2004	2005
Annual Performance Objective	<u>95</u>	<u>95</u>	<u>95</u>	<u>95</u>	<u>95</u>
Annual Indicator	<u>90.9</u>	<u>88.1</u>	<u>89.8</u>	<u>86.6</u>	<u>88.6</u>
Numerator	<u>298</u>	<u>362</u>	<u>388</u>	<u>382</u>	<u>411</u>
Denominator	<u>328</u>	<u>411</u>	<u>432</u>	<u>441</u>	<u>464</u>
Is the Data Provisional or Final?				Final	Final

Annual Objective and Performance Data					
	2006	2007	2008	2009	2010
Annual Performance Objective	<u>95</u>	<u>95</u>	<u>95</u>	<u>95</u>	<u>95</u>
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

None

PERFORMANCE MEASURE # 18

Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester.

<u>Annual Objective and Performance Data</u>					
	2001	2002	2003	2004	2005
Annual Performance Objective	80	75	76	77	80
Annual Indicator	75.6	74.6	75.5	74.4	67.3
Numerator	23,645	24,468	25,362	26,157	24,542
Denominator	31,297	32,798	33,605	35,147	36,479
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2006	2007	2008	2009	2010
Annual Performance Objective	74	76	78	80	85
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

None

STATE PERFORMANCE MEASURE # 1

The percent of women of child-bearing age who receive screening and assistance for domestic violence should be increased.

	<u>Annual Objective and Performance Data</u>				
	2001	2002	2003	2004	2005
Annual Performance Objective	22	15	18	10	10
Annual Indicator	7.9	8.1	7.4	7.7	7.2
Numerator	34,727	38,003	35,814	38,229	38,107
Denominator	442,030	468,635	484,433	497,955	528,027
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2006	2007	2008	2009	2010
Annual Performance Objective	10	15	15	15	15
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

None

STATE PERFORMANCE MEASURE # 2

The rate of significant Medicaid dental providers to the Medicaid population of children, youth and women of childbearing age (15-44) should be increased.

	<u>Annual Objective and Performance Data</u>				
	2001	2002	2003	2004	2005
Annual Performance Objective					
Annual Indicator					1.8
Numerator					298
Denominator					167,271
Is the Data Provisional or Final?					Final

	<u>Annual Objective and Performance Data</u>				
	2006	2007	2008	2009	2010
Annual Performance Objective	1.9	2	2.1	2.2	2.3
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

1. **Section Number:** State Performance Measure #2
Field Name: SM2
Row Name:
Column Name:
Year: 2005
Field Note:

STATE PERFORMANCE MEASURE # 3

The percent of obese women ages 18 to 44 should be decreased.

	<u>Annual Objective and Performance Data</u>				
	2001	2002	2003	2004	2005
Annual Performance Objective					
Annual Indicator					19.7
Numerator					104,021
Denominator					528,027
Is the Data Provisional or Final?					Final

	<u>Annual Objective and Performance Data</u>				
	2006	2007	2008	2009	2010
Annual Performance Objective	18	18	17	17	16
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

None

STATE PERFORMANCE MEASURE # 4

Teen birth rate (per 1,000) among Hispanic adolescents ages 15-17 should be reduced.

Annual Objective and Performance Data					
	2001	2002	2003	2004	2005
Annual Performance Objective					
Annual Indicator					48.2
Numerator					754
Denominator					15,649
Is the Data Provisional or Final?					Provisional

Annual Objective and Performance Data					
	2006	2007	2008	2009	2010
Annual Performance Objective	30	30	30	30	30
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

None

STATE PERFORMANCE MEASURE # 5

Increase the percent of infants born in the state who have a newborn hearing screening prior to discharge from the hospital.

Annual Objective and Performance Data					
	2001	2002	2003	2004	2005
Annual Performance Objective					
Annual Indicator			94.4	96.4	96.2
Numerator			29,180	31,815	35,116
Denominator			30,924	33,000	36,485
Is the Data Provisional or Final?				Provisional	Final

<u>Annual Objective and Performance Data</u>					
	2006	2007	2008	2009	2010
Annual Performance Objective	96.4	96.5	97	97.2	97.5
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

1. **Section Number:** State Performance Measure #5

Field Name: SM5

Row Name:

Column Name:

Year: 2005

Field Note:

Due to reporting lag differences between the Newborn Hearing Screening Registry and the Nevada Birth Certificate database, it is possible to appear to have more than 100% of the live births screened. This data is adjusted by the State Biostatistician. Thus, it is estimated that 96.2% of infants received a hearing screening prior to hospital discharge.

STATE PERFORMANCE MEASURE # 6

The percent of children and youth ages birth through aged 18 who died from unintentional injuries should be decreased.

	<u>Annual Objective and Performance Data</u>				
	2001	2002	2003	2004	2005
Annual Performance Objective					
Annual Indicator			12.2	13.3	6.9
Numerator			76	85	46
Denominator			625,350	641,220	667,831
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2006	2007	2008	2009	2010
Annual Performance Objective	5	5	5	5	5
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

None

STATE PERFORMANCE MEASURE # 7

Increase the ratio of primary care providers to the number of children and youth ages birth to twenty-one and women of child bearing age.

<u>Annual Objective and Performance Data</u>					
	2001	2002	2003	2004	2005
Annual Performance Objective					
Annual Indicator					583.2
Numerator					1,148,967
Denominator					1,970
Is the Data Provisional or Final?					Final

Annual Objective and Performance Data					
	2006	2007	2008	2009	2010
Annual Performance Objective	600	610	625	650	675
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

None

STATE PERFORMANCE MEASURE # 8

The percent of women (18-44) who feel down or depressed should be decreased.

Annual Objective and Performance Data				
	2001	2002	2003	2004
Annual Performance Objective				
Annual Indicator				55.1
Numerator				290,954
Denominator				528,047
Is the Data Provisional or Final?				Final

Annual Objective and Performance Data				
	2006	2007	2008	2009
Annual Performance Objective	30	30	29	28
Annual Indicator				
Numerator				
Denominator				

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

1. **Section Number:** State Performance Measure #8

Field Name: SM8

Row Name:

Column Name:

Year: 2005

Field Note:

The annual number here is the weighted percentage from BRFSS for all women ages 18-44 who answered feeling down or depressed at least 1 day during the last 30 days.

FORM 12
TRACKING HEALTH OUTCOME MEASURES
[SECS 505 (A)(2)(B)(III) AND 506 (A)(2)(A)(III)]
STATE: NV

Form Level Notes for Form 12

None

OUTCOME MEASURE # 01

The infant mortality rate per 1,000 live births.

Annual Objective and Performance Data					
	2001	2002	2003	2004	2005
Annual Performance Objective	<u>6</u>	<u>6</u>	<u>6</u>	<u>6</u>	<u>6</u>
Annual Indicator	<u>5.3</u>	<u>6.0</u>	<u>5.6</u>	<u>6.2</u>	<u>5.4</u>
Numerator	<u>167</u>	<u>196</u>	<u>189</u>	<u>219</u>	<u>197</u>
Denominator	<u>31,297</u>	<u>32,841</u>	<u>33,605</u>	<u>35,147</u>	<u>36,485</u>
Is the Data Provisional or Final?				Final	Provisional

Annual Objective and Performance Data					
	2006	2007	2008	2009	2010
Annual Performance Objective	<u>6</u>	<u>6</u>	<u>6</u>	<u>6</u>	<u>6</u>
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

None

OUTCOME MEASURE # 02

The ratio of the black infant mortality rate to the white infant mortality rate.

<u>Annual Objective and Performance Data</u>					
	2001	2002	2003	2004	2005
Annual Performance Objective	1.3	1.3	2.5	2.5	2
Annual Indicator	3.7	3.3	2.1	3.3	2.9
Numerator	16.5	13.1	12.1	19	13.4
Denominator	4.5	4	5.9	5.8	4.6
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2006	2007	2008	2009	2010
Annual Performance Objective	2	1.5	1.5	1.4	1.4
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

None

OUTCOME MEASURE # 03

The neonatal mortality rate per 1,000 live births.

Annual Objective and Performance Data					
	2001	2002	2003	2004	2005
Annual Performance Objective	<u>3.8</u>	<u>3</u>	<u>3.4</u>	<u>3.3</u>	<u>3.2</u>
Annual Indicator	<u>2.9</u>	<u>3.9</u>	<u>3.4</u>	<u>4.2</u>	<u>3.2</u>
Numerator	<u>91</u>	<u>127</u>	<u>115</u>	<u>147</u>	<u>118</u>
Denominator	<u>31,297</u>	<u>32,841</u>	<u>33,605</u>	<u>35,147</u>	<u>36,485</u>
Is the Data Provisional or Final?				Final	Provisional

Annual Objective and Performance Data					
	2006	2007	2008	2009	2010
Annual Performance Objective	<u>3.1</u>	<u>3</u>	<u>3</u>	<u>3</u>	<u>3</u>
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

None

OUTCOME MEASURE # 04

The postneonatal mortality rate per 1,000 live births.

Annual Objective and Performance Data					
	2001	2002	2003	2004	2005
Annual Performance Objective	<u>2.3</u>	<u>2.3</u>	<u>2.3</u>	<u>2.2</u>	<u>2.2</u>
Annual Indicator	<u>2.4</u>	<u>2.1</u>	<u>2.2</u>	<u>2.0</u>	<u>2.2</u>
Numerator	<u>76</u>	<u>68</u>	<u>74</u>	<u>72</u>	<u>79</u>
Denominator	<u>31,297</u>	<u>32,841</u>	<u>33,605</u>	<u>35,147</u>	<u>36,485</u>
Is the Data Provisional or Final?				Final	Provisional

Annual Objective and Performance Data					
	2006	2007	2008	2009	2010
Annual Performance Objective	<u>2.2</u>	<u>2.1</u>	<u>2</u>	<u>2</u>	<u>2</u>
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

None

OUTCOME MEASURE # 05

The perinatal mortality rate per 1,000 live births plus fetal deaths.

<u>Annual Objective and Performance Data</u>					
	2001	2002	2003	2004	2005
Annual Performance Objective	8.5	8.5	8.5	9	9
Annual Indicator	8.8	11.1	11.2	5.9	
Numerator	276	366	370	210	
Denominator	31,509	33,088	33,168	35,357	
Is the Data Provisional or Final?				Final	

<u>Annual Objective and Performance Data</u>					
	2006	2007	2008	2009	2010
Annual Performance Objective	8	8	8	8	
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

None

OUTCOME MEASURE # 06

The child death rate per 100,000 children aged 1 through 14.

Annual Objective and Performance Data					
	2001	2002	2003	2004	2005
Annual Performance Objective	23	23	19	18	18
Annual Indicator	19.7	19.1	19.9	20.1	21.7
Numerator	85	83	90	93	106
Denominator	432,490	433,834	451,503	462,947	488,529
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2006	2007	2008	2009	2010
Annual Performance Objective	<u>17</u>	<u>17</u>	<u>16</u>	<u>16</u>	<u>16</u>
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

None

FORM 13
CHARACTERISTICS DOCUMENTING FAMILY PARTICIPATION IN CSHCN PROGRAMS
STATE: NV

1. Family members participate on advisory committee or task forces and are offering training, mentoring, and reimbursement, when appropriate.

3

2. Financial support (financial grants, technical assistance, travel, and child care) is offered for parent activities or parent groups.

1

3. Family members are involved in the Children with Special Health Care Needs elements of the MCH Block Grant Application process.

2

4. Family members are involved in service training of CSHCN staff and providers.

1

5. Family members hired as paid staff or consultants to the State CSHCN program (a family member is hired for his or her expertise as a family member).

1

6. Family members of diverse cultures are involved in all of the above activities.

3

Total Score: 11

Rating Key

0 = Not Met

1 = Partially Met

2 = Mostly Met

3 = Completely Met

FORM NOTES FOR FORM 13

None

FIELD LEVEL NOTES

1. **Section Number:** Main
Field Name: Question5
Row Name: #5. Family members hired as paid staff or consultants to the State CSHCN program...
Column Name:
Year: 2007
Field Note:
A paid family member is a consultant to the CSHCN media campaign and to other initiatives including improving the use of EPSDT rate.

FORM 14
LIST OF MCH PRIORITY NEEDS

[Sec. 505(a)(5)]

STATE: NV FY: 2007

Your State's 5-year Needs Assessment should identify the need for preventive and primary care services for pregnant women, mothers, and infants; preventive and primary care services for children and services for Children with Special Health Care Needs. With each year's Block Grant application, provide a list (whether or not the priority needs change) of the top maternal and child health needs in your state. Using simple sentence or phrase, list below your State's needs. Examples of such statements are: "To reduce the barriers to the delivery of care for pregnant women, " and "The infant mortality rate for minorities should be reduced."

MCHB will capture annually every State's top 7 to 10 priority needs in an information system for comparison, tracking, and reporting purposes; you must list at least 7 and no more than 10. Note that the numbers listed below are for computer tracking only and are not meant to indicate priority order. If your State wishes to report more than 10 priority needs, list additional priority needs in a note at the form level.

1. Increase access to primary care services, providers, facilities, resources, and payor sources among the MCH populations.
2. Increase access to oral health services, providers, facilities, resources, and payor sources among the MCH populations.
3. Increase access to mental health services, providers, facilities, resources, and payor sources among the MCH populations.
4. Create a unified data system and surveillance system to monitor services delivered to the MCH populations.
5. Create "braided" services for CSHCN resources in Nevada, including "one-stop-shopping" and "no wrong door".
6. Increase financial coverage and decrease financial gaps for health care including dental and mental health care among the MCH populations.
7. Decrease the incidence of domestic violence among women of childbearing age.
8. Decrease the risk factors associated with obesity for children and women.
9. Decrease unintentional injuries among the MCH populations.
- 10.

FORM NOTES FOR FORM 14

None

FIELD LEVEL NOTES

None

FORM 15
TECHNICAL ASSISTANCE(TA) REQUEST

STATE: NV

APPLICATION YEAR: 2007

No.	Category of Technical Assistance Requested	Description of Technical Assistance Requested (max 250 characters)	Reason(s) Why Assistance Is Needed (max 250 characters)	What State, Organization or Individual Would You suggest Provide the TA (if known) (max 250 characters)
1.	General Systems Capacity Issues If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u>N/A</u>	same as last year - assistance with addressing health disparities	Nevada's minorities suffer health disparities greater than the national average.	Collaborate with new State Minority Health Officer.
2.	State Performance Measure Issues If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u>8</u>	How does MCH come to the table around Mental Health issues	Mental Health is a huge issue outside the purview of MCH in Nevada	Unknown
3.	Other If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u>N/A</u>	cultural competency training for MCH staff	None has been done since 1999	Orvis School of Nursing, UNR, has a trainer
4.	Other If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u>N/A</u>	Bringing John Reiss here to provide training on systems development for CSHCN	This is an extension of the activities undertaken with the CMS grant.	John Reiss, PhD. Institute for Child Health Policy, Florida.
5.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
6.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
7.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
8.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
9.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
10.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			

	measure number here: _____			
11.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
12.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			

FORM NOTES FOR FORM 15

None

FIELD LEVEL NOTES

None

FORM 16
STATE PERFORMANCE AND OUTCOME MEASURE DETAIL SHEET
STATE: NV

SP # 1

PERFORMANCE MEASURE:

The percent of women of child-bearing age who receive screening and assistance for domestic violence should be increased.

STATUS:

Active

GOAL

To increase domestic violence screening and assistance among women of childbearing age.

DEFINITION

The percent of the number of women who received screening for domestic violence to the number of women of childbearing age in Nevada.

Numerator:

Number of women of childbearing age (age 15-44) who receive screening and assistance from a domestic violence shelter/agency in a year.

Denominator:

Number of women of childbearing age in the state during the year.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

State Domestic Violence Network, State Physician Survey, Bureau of Health Planning and Vital Statistics, other domestic violence partners, police data, clinics and county health department. Data will primarily come from domestic violence shelters/agencies and contracts with the bureau for MCH services.

SIGNIFICANCE

Universal screening will promote greater awareness, knowledge, intervention, and prevention services to women and providers, as well as provide indicators for child abuse and neglect screening.

SP # 2

PERFORMANCE MEASURE:

The rate of significant Medicaid dental providers to the Medicaid population of children, youth and women of childbearing age (15-44) should be increased.

STATUS:

Active

GOAL

The goal is to increase the number of Dentists and other dental providers who will see the Medicaid population.

DEFINITION

The ratio of the number of dentists who will accept Medicaid to the Medicaid population.

Numerator:

The number of oral health services providers received payment of \$1,000 or more from the Medicaid during the year.

Denominator:

The number of children, youth and women of childbearing age in the Medicaid population during the year.

Units: 1000 **Text:** Rate

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

Data comes from Medicaid, with the numerator being the number of dentists who received at least \$1,000 in payments in the reporting year, and the denominator the number of clients in the cohort.

SIGNIFICANCE

Access to dental care is a chronic issue for Nevada's Medicaid population. This measure addresses increasing access.

SP # 3

PERFORMANCE MEASURE:

The percent of obese women ages 18 to 44 should be decreased.

STATUS:

Active

GOAL

Reduce the percent of obese women in Nevada.

DEFINITION

The number of women in Nevada aged 18 -44 that are obese divided by the number of women in Nevada aged 18-44.

Numerator:

Women ages 18 to 44 in the Behavioral Risk Factor Surveillance System (BRFSS) with Body Mass Index (BMI) greater than 30.

Denominator:

All women ages 18 to 44 in the Behavioral Risk Factor Surveillance System (BRFSS).

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

Behavioral Risk Factor Surveillance System (BRFSS)

SIGNIFICANCE

Obesity leads to chronic diseases and early mortality.

SP # 4

PERFORMANCE MEASURE:

Teen birth rate (per 1,000) among Hispanic adolescents ages 15-17 should be reduced.

STATUS:

Active

GOAL

Reduce teen birth rate among Hispanic adolescents ages 15-17.

DEFINITION

Total number of Hispanic females ages 15-17 who give birth during the year divided by the total number of Hispanic female ages 15-17 in the state during the year.

Numerator:

The number of Hispanic female ages 15-17 who give birth during the year.

Denominator:

The number of Hispanic female ages 15-17 in the state during the year.

Units: 1000 **Text:** Rate

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

State birth certificates, Center for Health Data and Research database.

SIGNIFICANCE

The teen birth rate for Hispanic is significantly higher than other group.

SP # 5

PERFORMANCE MEASURE:

Increase the percent of infants born in the state who have a newborn hearing screening prior to discharge from the hospital.

STATUS:

Active

GOAL

All infants born in Nevada will receive a hearing screening (or referral for screening) prior to discharge, a complete evaluation by three months, and necessary treatment within six months.

DEFINITION

Hearing Screening means a test or battery of tests administered to determine the need for an in-depth hearing diagnostic evaluation.

Numerator:

All infants born in the state who received newborn hearing screening prior to discharge from the hospital during the year.

Denominator:

The total number of infants born in the state during the year.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

All infants born in Nevada will have a hearing screening prior to hospital discharge

Per the annual 2005 report to the Governor, the Nevada Newborn Hearing Screening Program screened 96.5% of infants born in the State. Work will continue to enhance the data collection capacity on follow up services received by these infants.

DATA SOURCES AND DATA ISSUES

State birth certificates, Center for Health Data and Research database. Data from all hospitals in the state.

SIGNIFICANCE

Significant hearing loss is one of the most common major abnormalities present at birth and, if undetected, will impede speech, language, and cognitive development. Thus, Nevada promotes the goal of universal detection of hearing loss in infants before 3 months of age, with appropriate intervention no later than 6 months of age.

SP # 6

PERFORMANCE MEASURE:

The percent of children and youth ages birth through aged 18 who died from unintentional injuries should be decreased.

STATUS:

Active

GOAL

To reduce the number of children in Nevada from birth through 18 who died from an unintentional injury.

DEFINITION

Number of children from birth through 18 who died from an unintentional injury divided by the children from birth through 18 population per 100,000.

Numerator:

The number of children in Nevada from birth through 18 who died from an unintentional injury.

Denominator:

The number of children in Nevada from birth through 18 years of age.

Units: 100000 **Text:** Rate

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

Injury prevention database, Bureau of Health Planning and Vital Statistics and the State Demographers Office.

SIGNIFICANCE

Reducing the number of deaths from unintentional injuries in children will increase the quality of life for children and families. This is a population based and infrastructure-building services measure.

SP # 7

PERFORMANCE MEASURE:

Increase the ratio of primary care providers to the number of children and youth ages birth to twenty-one and women of child bearing age.

STATUS:

Active

GOAL

The goal is to increase the ratio of primary care providers to the MCH populations

DEFINITION

Increase the ratio of primary care providers to the number of children and youth ages birth to twenty-one and women of child-bearing age.

Numerator:

The numerator is the number of children and youth ages birth to twenty-one and women of child-bearing age in Nevada.

Denominator:

The denominator is the number of primary care providers who will see the MCH population, who are defined to include MDs and DOs who have full-time practices in Nevada in the following practices: family practice, general practice, pediatrics, internal medicine, obstetrics, gynecology, and psychiatry.

Units: 1 **Text:** Ratio

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

The data source is studies on uninsured persons performed by the Great Basin Primary Care Association. This study is conducted biannually.

SIGNIFICANCE

Access to primary care is a challenge for many Nevadans, leading to more serious problems such as immunization preventable diseases.

SP # 8

PERFORMANCE MEASURE:	The percent of women (18-44) who feel down or depressed should be decreased.
STATUS:	Active
GOAL	To reduce the percent of women (18-44) who feel down or depressed.
DEFINITION	<p>Weighted percentage of women (18-44) who answered their mental health was not good at least 1 day during the past 30 days.</p> <p>Numerator: Women ages 18 to 44 who feel down or depressed in the Behavioral Risk Factor Surveillance System (BRFSS).</p> <p>Denominator: All women ages 18 to 44 in the Behavioral Risk Factor Surveillance System (BRFSS).</p> <p>Units: 100 Text: Percent</p>
HEALTHY PEOPLE 2010 OBJECTIVE	
DATA SOURCES AND DATA ISSUES	Behavioral Risk Factor Surveillance System
SIGNIFICANCE	To improve the mental health of women ages 18-44.

FORM NOTES FOR FORM 16

None

FIELD LEVEL NOTES

None

FORM 17
HEALTH SYSTEMS CAPACITY INDICATORS
FORMS FOR HSCI 01 THROUGH 04, 07 & 08 - MULTI-YEAR DATA
STATE: NV

Form Level Notes for Form 17

None

HEALTH SYSTEMS CAPACITY MEASURE # 01

The rate of children hospitalized for asthma (ICD-9 Codes: 493.0 -493.9) per 10,000 children less than five years of age.

	Annual Indicator Data				
	2001	2002	2003	2004	2005
Annual Indicator	<u>42.1</u>	<u>47.7</u>	<u>44.2</u>	<u>44.9</u>	<u>46.4</u>
Numerator	<u>655</u>	<u>761</u>	<u>730</u>	<u>752</u>	<u>833</u>
Denominator	<u>155,714</u>	<u>159,405</u>	<u>165,242</u>	<u>167,306</u>	<u>179,563</u>
Is the Data Provisional or Final?				Final	Final

Field Level Notes

None

HEALTH SYSTEMS CAPACITY MEASURE # 02

The percent Medicaid enrollees whose age is less than one year during the reporting year who received at least one initial periodic screen.

<u>Annual Indicator Data</u>					
	2001	2002	2003	2004	2005
Annual Indicator	51.2	53.8	44.9	50.8	73.9
Numerator	8,721	10,354	8,919	11,337	10,917
Denominator	17,027	19,241	19,876	22,299	14,775
Provisional or Final?				Provisional	Final

Field Level Notes

1. **Section Number:** Health Systems Capacity Indicator #02

Field Name: HSC02

Row Name:

Column Name:

Year: 2005

Field Note:

Data for this indicator is from Medicaid.

HEALTH SYSTEMS CAPACITY MEASURE # 03

The percent State Childrens Health Insurance Program (SCHIP) enrollees whose age is less than one year during the reporting year who received at least one periodic screen.

		<u>Annual Indicator Data</u>				
	2001	2002	2003	2004	2005	
Annual Indicator	14.5	65.4	39.5	37.2	91.7	
Numerator	192	540	5,541	3,064	881	
Denominator	1,328	826	14,035	8,238	961	
Provisional or Final?				Provisional	Final	

Field Level Notes

1. **Section Number:** Health Systems Capacity Indicator #03

Field Name: HSC03

Row Name:

Column Name:

Year: 2005

Field Note:

This measure is from the Nevada Check Up web page for July 1, 2005, the number on the program. The number served is reported from the program.

2. **Section Number:** Health Systems Capacity Indicator #03

Field Name: HSC03

Row Name:

Column Name:

Year: 2004

Field Note:

This data is from Nevada's S-CHIP office. It cannot be validated.

3. **Section Number:** Health Systems Capacity Indicator #03

Field Name: HSC03

Row Name:

Column Name:

Year: 2003

Field Note:

This data comes from the Division of Health Care Financing and Policy. Their data systems over the years have not been as reliable as they could have been. The Health Division reports what DHCFP provides.

HEALTH SYSTEMS CAPACITY MEASURE # 04

The percent of women (15 through 44) with a live birth during the reporting year whose observed to expected prenatal visits are greater than or equal to 80 percent on the Kotelchuck Index.

Annual Indicator Data					
	2001	2002	2003	2004	2005
Annual Indicator	70.6	78.5	80.5	75.9	69.6
Numerator	22,001	24,156	26,957	26,581	25,391
Denominator	31,163	30,767	33,468	35,022	36,485
Is the Data Provisional or Final?				Final	Final

Field Level Notes

None

HEALTH SYSTEMS CAPACITY MEASURE # 07A

Percent of potentially Medicaid-eligible children who have received a service paid by the Medicaid Program.

		<u>Annual Indicator Data</u>				
	2001	2002	2003	2004	2005	
Annual Indicator	90	90	90	97.5	30.8	
Numerator				95,000	43,250	
Denominator				97,436	140,403	
Is the Data Provisional or Final?				Provisional	Final	

Field Level Notes

1. **Section Number:** Health Systems Capacity Indicator #07A

Field Name: HSC07A

Row Name:

Column Name:

Year: 2005

Field Note:

Data for this measure was provided by Medicaid.

2. **Section Number:** Health Systems Capacity Indicator #07A

Field Name: HSC07A

Row Name:

Column Name:

Year: 2003

Field Note:

Medicaid was unable to provide data regarding the number of potentially eligible who received a service paid by Medicaid.

They were able to indicate that 146,198 individuals under 20 years were eligible for an EPSDT exam, and that there were 109, 679 EPSDT screens completed. (There may be some duplication in this number due to the periodicity schedule).

HEALTH SYSTEMS CAPACITY MEASURE # 07B

The percent of EPSDT eligible children aged 6 through 9 years who have received any dental services during the year.

Annual Indicator Data					
	2001	2002	2003	2004	2005
Annual Indicator	<u>28.4</u>	<u>22.7</u>	<u>15.7</u>	<u>15.6</u>	<u>26.3</u>
Numerator	<u>5,930</u>	<u>5,618</u>	<u>6,517</u>	<u>5,357</u>	<u>7,569</u>
Denominator	<u>20,859</u>	<u>24,784</u>	<u>41,429</u>	<u>34,278</u>	<u>28,746</u>
Provisional or Final?				Provisional	Final

Field Level Notes**1. Section Number:** Health Systems Capacity Indicator #07B**Field Name:** HSC07B**Row Name:****Column Name:****Year:** 2005**Field Note:**

Data for this measure was provided by Medicaid.

2. Section Number: Health Systems Capacity Indicator #07B**Field Name:** HSC07B**Row Name:****Column Name:****Year:** 2003**Field Note:**

Data is not available for 1999, so zeros were used in order to save this measure.

HEALTH SYSTEMS CAPACITY MEASURE # 08

The percent of State SSI beneficiaries less than 16 years old receiving rehabilitative services from the State Children with Special Health Care Needs (CSHCN) Program.

<u>Annual Indicator Data</u>					
	2001	2002	2003	2004	2005
Annual Indicator	23.1	20.6	20.5	20.5	20.8
Numerator	863	638	953	1,054	1,054
Denominator	3,730	3,100	4,653	5,140	5,077
Is the Data Provisional or Final?				Provisional	Provisional

Field Level Notes

None

FORM 18
HEALTH SYSTEMS CAPACITY INDICATOR #05
(MEDICAID AND NON-MEDICAID COMPARISON)
STATE: NV

INDICATOR #05 <i>Comparison of health system capacity indicators for Medicaid, non-Medicaid, and all MCH populations in the State</i>	YEAR	DATA SOURCE	POPULATION		
			MEDICAID	NON-MEDICAID	ALL
a) <i>Percent of low birth weight (< 2,500 grams)</i>	2005	Matching data files	<u>7.1</u>	<u>7</u>	<u>7</u>
b) <i>Infant deaths per 1,000 live births</i>	2005	Other	<u>5.6</u>	<u>5</u>	<u>5.3</u>
c) <i>Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester</i>	2005	Other	<u>71</u>	<u>65</u>	<u>67.3</u>
d) <i>Percent of pregnant women with adequate prenatal care (observed to expected prenatal visits is greater than or equal to 80% [Kotelchuck Index])</i>	2005	Other	<u>72</u>	<u>67</u>	<u>69.6</u>

FORM 18
HEALTH SYSTEMS CAPACITY INDICATOR #06(MEDICAID ELIGIBILITY LEVEL)
STATE: NV

INDICATOR #06 <i>The percent of poverty level for eligibility in the State's Medicaid programs for infants (0 to 1), children, Medicaid and pregnant women.</i>	YEAR	PERCENT OF POVERTY LEVEL MEDICAID (Valid range: 100-300 percent)
a) <i>Infants (0 to 1)</i>	2005	<u>133</u>
b) <i>Medicaid Children</i> (Age range <u>1</u> to <u>5</u>) (Age range <u>6</u> to <u>18</u>) (Age range <u> </u> to <u> </u>)	2005	<u>133</u> <u>100</u> <u> </u>
c) <i>Pregnant Women</i>	2005	<u>133</u>

FORM 18
HEALTH SYSTEMS CAPACITY INDICATOR #06(SCHIP ELIGIBILITY LEVEL)
STATE: NV

INDICATOR #06 <i>The percent of poverty level for eligibility in the State's SCHIP programs for infants (0 to 1), children, SCHIP and pregnant women.</i>	YEAR	PERCENT OF POVERTY LEVEL SCHIP
a) <i>Infants (0 to 1)</i>	2005	<u>200</u>
b) <i>Medicaid Children</i> (Age range <u>1</u> to <u>18</u>) (Age range <u> </u> to <u> </u>) (Age range <u> </u> to <u> </u>)	2005	<u>200</u> <u> </u> <u> </u>
c) <i>Pregnant Women</i>	2005	<u>200</u>

FORM NOTES FOR FORM 18

None

FIELD LEVEL NOTES

1. **Section Number:** Indicator 06 - SCHIP
Field Name: SCHIP_Women
Row Name: Pregnant Women
Column Name:
Year: 2007
Field Note:
Pregnant women are served by SCHIP only to age 18 in 2005. DHCFP has requested a waiver to serve pregnant women over age 18 who are not eligible for Medicaid to 185% of poverty starting September 1, 2006.
2. **Section Number:** Indicator 05
Field Name: LowBirthWeight
Row Name: Percent of ow birth weight (<2,500 grams)
Column Name:
Year: 2007
Field Note:
Medicaid and Non-Medicaid numbers are estimated based on the percentage of the state overall numbers and ratio of last year since Medicaid data is available in a limited format.
3. **Section Number:** Indicator 05
Field Name: InfantDeath
Row Name: Infant deaths per 1,000 live births
Column Name:
Year: 2007
Field Note:
Medicaid and Non-Medicaid numbers are estimated based on the percentage of the state overall numbers and ratio since Medicaid data is unavailable. Update. Medicaid was able to provide the number of infant deaths (164) but this number included those lost to miscarriage after 26th week of gestation.
4. **Section Number:** Indicator 05
Field Name: CareFirstTrimester
Row Name: Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester
Column Name:
Year: 2007
Field Note:
Medicaid and Non-Medicaid data is estimated due to the percentage of state overall numbers and ration since Medicaid data is unavailable.
5. **Section Number:** Indicator 05
Field Name: AdequateCare
Row Name: Percent of pregnant women with adequate prenatal care
Column Name:
Year: 2007
Field Note:
Medicaid and Non-Medicaid data are estimates based on the percentage of state overall numbers and data since Medicaid data is unavailable.

FORM 19
HEALTH SYSTEMS CAPACITY INDICATOR - REPORTING AND TRACKING FORM
STATE: NV

HEALTH SYSTEMS CAPACITY INDICATOR #09A (General MCH Data Capacity)
(The Ability of the State to Assure MCH Program Access to Policy and Program Relevant Information)

DATABASES OR SURVEYS	Does your MCH program have the ability to obtain data for program planning or policy purposes in a timely manner? (Select 1 - 3) *	Does your MCH program have Direct access to the electronic database for analysis? (Select Y/N)
ANNUAL DATA LINKAGES		
Annual linkage of infant birth and infant death certificates	3	Yes
Annual linkage of birth certificates and Medicaid Eligibility or Paid Claims Files	3	No
Annual linkage of birth certificates and WIC eligibility files	3	No
Annual linkage of birth certificates and newborn screening files	3	Yes
REGISTRIES AND SURVEYS		
Hospital discharge survey for at least 90% of in-State discharges	3	Yes
Annual birth defects surveillance system	3	Yes
Survey of recent mothers at least every two years (like PRAMS)	1	No

*Where:
1 = No, the MCH agency does not have this ability.
2 = Yes, the MCH agency sometimes has this ability, but not on a consistent basis.
3 = Yes, the MCH agency always has this ability.

FORM 19
HEALTH SYSTEMS CAPACITY INDICATOR - REPORTING AND TRACKING FORM
STATE: NV

DATA SOURCES	Does your state participate in the YRBS survey? (Select 1 - 3)*	Does your MCH program have direct access to the state YRBS database for analysis? (Select Y/N)
Youth Risk Behavior Survey (YRBS)	3	Yes
Other:		

*Where:
1 = No
2 = Yes, the State participates but the sample size is not large enough for valid statewide estimates for this age group.
3 = Yes, the State participates and the sample size is large enough for valid statewide estimates for this age group.

Notes:

1. HEALTH SYSTEMS CAPACITY INDICATOR #09B was formerly reported as Developmental Health Status Indicator #05.

FORM NOTES FOR FORM 19

None

FIELD LEVEL NOTES

1. **Section Number:** Indicator 09A

Field Name: BAN

Row Name: Annual linkage of birth certificates and newborn screening files

Column Name:

Year: 2007

Field Note:

Nevada contracts with the Oregon Public Health Laboratory (OPHL) to do newborn screening testing. OPHL maintains a database of all specimens and results, as well as demographic data. This data is now available to Nevada's biostatistician for data matching and reports.

In addition, Nevada's data file is available on-line from OPHL to the Nevada Newborn Screening Coordinator for individual (one by one) case file inquiries regarding case status, results, and demographic information.

2. **Section Number:** Indicator 09A

Field Name: BirthDefects

Row Name: Annual birth defects surveillance system

Column Name:

Year: 2007

Field Note:

Nevada has a birth defects registry that is accessible to MCH staff and is also on a network that is part of a data warehouse. This data warehouse is accessible to the state biostatistician for use in a variety of reports and data matches.

FORM 20
HEALTH STATUS INDICATORS #01-#05
MULTI-YEAR DATA
STATE: NV

Form Level Notes for Form 11

None

HEALTH STATUS INDICATOR MEASURE # 01A

The percent of live births weighing less than 2,500 grams.

			<u>Annual Indicator Data</u>		
	2001	2002	2003	2004	2005
Annual Indicator	<u>7.6</u>	<u>7.5</u>	<u>8.0</u>	<u>8.0</u>	<u>8.2</u>
Numerator	<u>2,372</u>	<u>2,436</u>	<u>2,704</u>	<u>2,799</u>	<u>3,004</u>
Denominator	<u>31,297</u>	<u>32,423</u>	<u>33,605</u>	<u>35,147</u>	<u>36,485</u>
Is the Data Provisional or Final?				Final	Final

Field Level Notes

None

HEALTH STATUS INDICATOR MEASURE # 01B

The percent of live singleton births weighing less than 2,500 grams.

Annual Indicator Data					
	2001	2002	2003	2004	2005
Annual Indicator	5.9	5.8	6.3	6.4	6.5
Numerator	1,788	1,836	2,034	2,189	2,300
Denominator	30,331	31,460	32,523	34,167	35,314
Is the Data Provisional or Final?				Final	Final

Field Level Notes

None

HEALTH STATUS INDICATOR MEASURE # 02A

The percent of live births weighing less than 1,500 grams.

	<u>Annual Indicator Data</u>				
	2001	2002	2003	2004	2005
Annual Indicator	<u>1.0</u>	<u>1.3</u>	<u>1.3</u>	<u>1.3</u>	<u>1.3</u>
Numerator	<u>328</u>	<u>411</u>	<u>432</u>	<u>441</u>	<u>464</u>
Denominator	<u>31,297</u>	<u>32,423</u>	<u>33,605</u>	<u>35,147</u>	<u>36,485</u>
Is the Data Provisional or Final?				Final	Final

Field Level Notes

None

HEALTH STATUS INDICATOR MEASURE # 02B

The percent of live singleton births weighing less than 1,500 grams.

<u>Annual Indicator Data</u>					
	2001	2002	2003	2004	2005
Annual Indicator	0.8	1.0	1.0	1.0	1.0
Numerator	232	305	317	329	355
Denominator	30,331	31,460	32,523	34,165	35,314
Is the Data Provisional or Final?				Final	Final

Field Level Notes

None

HEALTH STATUS INDICATOR MEASURE # 03A

The death rate per 100,000 due to unintentional injuries among children aged 14 years and younger.

		<u>Annual Indicator Data</u>				
	2001	2002	2003	2004	2005	
Annual Indicator	8.0	8.8	10.5	9.4	5.3	
Numerator	36	41	51	47	28	
Denominator	449,993	466,923	483,936	497,677	526,085	
Is the Data Provisional or Final?				Final	Provisional	

Field Level Notes

None

HEALTH STATUS INDICATOR MEASURE # 03B

The death rate per 100,000 for unintentional injuries among children aged 14 years and younger due to motor vehicle crashes.

	<u>Annual Indicator Data</u>				
	2001	2002	2003	2004	2005
Annual Indicator	<u>2.2</u>	<u>3.2</u>	<u>4.3</u>	<u>4.0</u>	<u>2.5</u>
Numerator	<u>10</u>	<u>15</u>	<u>21</u>	<u>20</u>	<u>13</u>
Denominator	<u>449,993</u>	<u>466,923</u>	<u>483,936</u>	<u>497,677</u>	<u>526,085</u>
Is the Data Provisional or Final?				Final	Provisional

Field Level Notes

None

HEALTH STATUS INDICATOR MEASURE # 03C

The death rate per 100,000 from unintentional injuries due to motor vehicle crashes among youth aged 15 through 24 years.

	<u>Annual Indicator Data</u>				
	2001	2002	2003	2004	2005
Annual Indicator	18.7	26.4	26.4	22.0	11.4
Numerator	55	81	86	74	41
Denominator	293,743	306,509	325,780	336,900	361,160
Is the Data Provisional or Final?				Final	Provisional

Field Level Notes

None

HEALTH STATUS INDICATOR MEASURE # 04A

The rate per 100,000 of all nonfatal injuries among children aged 14 years and younger.

		<u>Annual Indicator Data</u>				
	2001	2002	2003	2004	2005	
Annual Indicator	<u>178.7</u>	<u>169.2</u>	<u>229.7</u>	<u>232.5</u>	<u>153.9</u>	
Numerator	<u>804</u>	<u>790</u>	<u>1,110</u>	<u>1,157</u>	<u>780</u>	
Denominator	<u>449,993</u>	<u>466,923</u>	<u>483,302</u>	<u>497,677</u>	<u>506,701</u>	
Is the Data Provisional or Final?				Final	Final	

Field Level Notes

1. **Section Number:** Health Status Indicator #04A

Field Name: HSI04A

Row Name:

Column Name:

Year: 2003

Field Note:

Data for all nonfatal injuries, aged 14 years and younger, are from Hospital Discharge database. Data are for all "E-Codes" listed in any of the 15 diagnoses. The increase in 2003 may be due to some hospitals changing their "E-Code" reporting system. Therefore, 2003 data may not be comparable to previous years.

HEALTH STATUS INDICATOR MEASURE # 04B

The rate per 100,000 of nonfatal injuries due to motor vehicle crashes among children aged 14 years and younger.

		Annual Indicator Data				
	2001	2002	2003	2004	2005	
Annual Indicator	74.4	74.5	32.9	18.1	35.9	
Numerator	335	348	159	90	182	
Denominator	449,993	466,923	483,302	497,677	506,701	
Is the Data Provisional or Final?				Final	Final	

Field Level Notes

1. **Section Number:** Health Status Indicator #04B

Field Name: HSI04B

Row Name:

Column Name:

Year: 2003

Field Note:

Data comes from Trauma Registry database due to under-reporting and inconsistencies in Hospital Discharge data. Actual data for motor vehicle, non-fatal injuries among children 14 years and younger may be higher. Data are for E-codes 810-825.

HEALTH STATUS INDICATOR MEASURE # 04C

The rate per 100,000 of nonfatal injuries due to motor vehicle crashes among youth aged 15 through 24 years.

<u>Annual Indicator Data</u>					
	2001	2002	2003	2004	2005
Annual Indicator	265.9	304.1	103.6	97.1	130.9
Numerator	781	932	330	327	451
Denominator	293,743	306,509	318,606	336,900	344,471
Provisional or Final?				Final	Final

Field Level Notes

1. **Section Number:** Health Status Indicator #04C

Field Name: HSI04C

Row Name:

Column Name:

Year: 2003

Field Note:

Data comes from Trauma Registry database due to under-reporting and inconsistencies in Hospital Discharge data. Actual data for motor vehicle, non-fatal injuries among youths aged 15 through 24 years may be higher. Data are for E-codes 810-825.

HEALTH STATUS INDICATOR MEASURE # 05A

The rate per 1,000 women aged 15 through 19 years with a reported case of chlamydia.

		<u>Annual Indicator Data</u>				
	2001	2002	2003	2004	2005	
Annual Indicator	22.6	24.7	22.7	20.2	13.5	
Numerator	1,477	1,795	1,710	1,612		
Denominator	65,353	72,773	75,305	79,608		
Provisional or Final?				Final	Final	

Field Level Notes

1. **Section Number:** Health Status Indicator #05A

Field Name: HSI05A

Row Name:

Column Name:

Year: 2005

Field Note:

The data is from the SHD Bureau of Community Health's STD program. The age ranges for this measure are not those with which Chlamydia is usually reported by the state and it took special calculations. The numerator and denominator were not supplied with the results.

HEALTH STATUS INDICATOR MEASURE # 05B

The rate per 1,000 women aged 20 through 44 years with a reported case of chlamydia.

		<u>Annual Indicator Data</u>				
	2001	2002	2003	2004	2005	
Annual Indicator	<u>3.1</u>	<u>7.1</u>	<u>5.9</u>	<u>7.4</u>	<u>5.4</u>	
Numerator	<u>1,193</u>	<u>2,382</u>	<u>2,421</u>	<u>3,103</u>	<u></u>	
Denominator	<u>387,233</u>	<u>335,971</u>	<u>407,612</u>	<u>418,348</u>	<u></u>	
Is the Data Provisional or Final?				Final	Final	

Field Level Notes

1. **Section Number:** Health Status Indicator #05B

Field Name: HSI05B

Row Name:

Column Name:

Year: 2005

Field Note:

This data was supplied by the SHD's Bureau of Community Health STD Program. The age ranges required for 5A and 5B do not match the age ranges usually reported by the program for STDs, and it took a special calculation on their part to come up with the rate per 1,000. They did not supply the numerator and denominator also.

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: NV

HSI #06A - Demographics (Total Population) *Infants and children aged 0 through 24 years enumerated by sub-populations of age group and race. (Demographics)*

For both parts A and B: Reporting Year: 2005 Is this data from a State Projection? No Is this data final or provisional? Final

CATEGORY TOTAL POPULATION BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown
Infants 0 to 1	37,555	17,789	2,972	464	2,328	0	0	14,002
Children 1 through 4	142,009	65,664	11,398	1,813	10,190	0	0	52,944
Children 5 through 9	173,018	84,288	13,910	2,398	10,641	0	0	61,781
Children 10 through 14	173,498	91,238	15,365	2,537	10,065	0	0	54,293
Children 15 through 19	177,851	93,768	15,825	2,868	10,233	0	0	55,157
Children 20 through 24	183,309	97,800	13,547	2,755	11,773	0	0	57,434
Children 0 through 24	887,240	450,547	73,017	12,835	55,230	0	0	295,611

HSI #06B - Demographics (Total Population) *Infants and children aged 0 through 24 years enumerated by sub-populations of age group and ethnicity. (Demographics)*

CATEGORY TOTAL POPULATION BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported
Infants 0 to 1	23,553	14,002	0
Children 1 through 4	89,065	52,944	0
Children 5 through 9	111,237	61,781	0
Children 10 through 14	119,025	54,293	0
Children 15 through 19	122,694	55,157	0
Children 20 through 24	125,876	57,434	0
Children 0 through 24	591,450	295,611	0

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: NV

HSI #07A - Demographics (Total live births) *Live births to women (of all ages) enumerated by maternal age and race. (Demographics)*

For both parts A and B: Reporting Year: 2005 Is this data from a State Projection? No Is this data final or provisional? Final

CATEGORY TOTAL LIVE BIRTHS BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown
Women < 15	57	5	15	2	2	0	0	33
Women 15 through 17	1,330	327	190	24	25	0	0	764
Women 18 through 19	2,520	849	303	43	99	0	0	1,226
Women 20 through 34	27,799	12,441	2,142	282	2,022	0	0	10,912
Women 35 or older	4,779	2,383	284	30	536	0	0	1,546
Women of all ages	36,485	16,005	2,934	381	2,684	0	0	14,481

HSI #07B - Demographics (Total live births) *Live births to women (of all ages) enumerated by maternal age and ethnicity. (Demographics)*

CATEGORY TOTAL LIVE BIRTHS BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported
Women < 15	24	32	1
Women 15 through 17	566	740	24
Women 18 through 19	1,294	1,183	43
Women 20 through 34	16,887	10,475	437
Women 35 or older	3,233	1,448	98
Women of all ages	22,004	13,878	603

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: NV

HSI #08A - Demographics (Total deaths) Deaths of Infants and children aged 0 through 24 years enumerated by age subgroup and race. (Demographics)

For both parts A and B: Reporting Year: 2005 Is this data from a State Projection? No Is this data final or provisional? Provisional

CATEGORY TOTAL DEATHS BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown
Infants 0 to 1	197	75	40	2	9	0	0	71
Children 1 through 4	51	22	7	1	4	0	0	17
Children 5 through 9	18	8	5	0	1	0	0	4
Children 10 through 14	37	22	6	0	2	0	0	7
Children 15 through 19	114	55	15	4	3	0	0	37
Children 20 through 24	188	99	23	5	6	0	0	55
Children 0 through 24	605	281	96	12	25	0	0	191

HSI #08B - Demographics (Total deaths) Deaths of Infants and children aged 0 through 24 years enumerated by age subgroup and ethnicity. (Demographics)

CATEGORY TOTAL DEATHS BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported
Infants 0 to 1	126	71	0
Children 1 through 4	34	17	0
Children 5 through 9	14	4	0
Children 10 through 14	30	7	0
Children 15 through 19	77	37	0
Children 20 through 24	133	54	1
Children 0 through 24	414	190	1

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: NV

HSI #09A - Demographics (Miscellaneous Data) *Infants and children aged 0 through 19 years in miscellaneous situations or enrolled in various State programs enumerated by race. (Demographics)*

Is this data final or provisional? Provisional

CATEGORY Miscellaneous Data BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown	Specific Reporting Year
All children 0 through 19	703,935	352,747.0	59,470.0	10,079.0	43,457.0	0	0	238,182.0	2005
Percent in household headed by single parent	30.0	0	0	0	0	0	0	30.0	2005
Percent in TANF (Grant) families	29.0	0	0	0	0	0	0	29.0	2005
Number enrolled in Medicaid	74,139	0	0	0	0	0	0	74,139.0	2005
Number enrolled in SCHIP	25,579	0	0	0	0	0	0	25,579.0	2005
Number living in foster home care	5,668	0	0	0	0	0	0	5,668.0	2005
Number enrolled in food stamp program	58,898	26,916.0	15,902.0	1,119.0	177.0	0	4,435.0	10,349.0	2005
Number enrolled in WIC	567,076	108,312.0	55,573.0	2,382.0	12,476.0	5,104.0	83,927.0	299,302.0	2005
Rate (per 100,000) of juvenile crime arrests	10,476.0	4,936.0	2,268.0	130.0	221.0	0	0	2,921.0	2005
Percentage of high school drop-outs (grade 9 through 12)	11.0	0	0	0	0	0	0	11.0	2004

HSI #09B - Demographics (Miscellaneous Data) *Infants and children aged 0 through 19 years in miscellaneous situations or enrolled in various State programs enumerated by ethnicity. (Demographics)*

CATEGORY Miscellaneous Data BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported	Specific Reporting Year
All children 0 through 19	465,753.0	238,182.0	0	2005
Percent in household headed by single parent	0	0	100.0	2005
Percent in TANF (Grant) families	0	0	100.0	2005
Number enrolled in Medicaid	0	0	74,139.0	2005
Number enrolled in SCHIP	0	0	25,579.0	2005
Number living in foster home care	0	0	5,668.0	2005
Number enrolled in food stamp program	45,692.0	13,206.0	0	2005
Number enrolled in WIC	267,774.0	298,849.0	453.0	2005
Rate (per 100,000) of juvenile crime arrests	7,555.0	2,921.0	0	2005
Percentage of high school drop-outs (grade 9 through 12)	0	0	11.0	2005

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: NV

HSI #10 - Demographics (Geographic Living Area) *Geographic living area for all resident children aged 0 through 19 years old. (Demographics)*

Reporting Year: 2005 Is this data from a State Projection? No Is this data final or provisional? Final

GEOGRAPHIC LIVING AREAS	TOTAL
Living in metropolitan areas	29,087
Living in urban areas	621,034
Living in rural areas	22,929
Living in frontier areas	30,884
Total - all children 0 through 19	674,847

Note:

The Total will be determined by adding reported numbers for urban, rural and frontier areas.

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: NV

HSI #11 - Demographics (Poverty Levels) *Percent of the State population at various levels of the federal poverty level. (Demographics)*

Reporting Year: 2005 Is this data from a State Projection? Yes Is this data final or provisional? Provisional

POVERTY LEVELS	TOTAL
Total Population	2,509,637.0
Percent Below: 50% of poverty	5.0
100% of poverty	12.6
200% of poverty	24.3

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: NV

HSI #12 - Demographics (Poverty Levels) *Percent of the State population aged 0 through 19 at various levels of the federal poverty level. (Demographics)*

Reporting Year: 2005 Is this data from a State Projection? No Is this data final or provisional? Provisional

POVERTY LEVELS	TOTAL
Children 0 through 19 years old	703,934.0
Percent Below: 50% of poverty	4.9
100% of poverty	10.5
200% of poverty	27.7

FORM NOTES FOR FORM 21

This data is from the 2000 Census. Projections to 2005 are not available.

FIELD LEVEL NOTES

1. **Section Number:** Indicator 09A
Field Name: HSIRace_SingleParentPercent
Row Name: Percent in household headed by single parent
Column Name:
Year: 2007
Field Note:
This data is not available by race.
2. **Section Number:** Indicator 09A
Field Name: HSIRace_TANFPercent
Row Name: Percent in TANF (Grant) families
Column Name:
Year: 2007
Field Note:
This data is not available by race.
3. **Section Number:** Indicator 09A
Field Name: HSIRace_MedicaidNo
Row Name: Number enrolled in Medicaid
Column Name:
Year: 2007
Field Note:
This number represents the total number enrolled in the two Medicaid Managed Care plans. It does not include any who were covered under fee for service, which would be those children in rural communities. The Bureau was unable to get that number. Race is not available.
4. **Section Number:** Indicator 09A
Field Name: HSIRace_SCHIPNo
Row Name: Number enrolled in SCHIP
Column Name:
Year: 2007
Field Note:
All SCHIP (Nevada Check UP) children are covered through managed care, so this number should represent the entire population. Race is not available.
5. **Section Number:** Indicator 09A
Field Name: HSIRace_FoodStampNo
Row Name: Number enrolled in food stamp program
Column Name:
Year: 2007
Field Note:
This data is from Food Stamp records. Pacific Islanders and Asian are combined.
6. **Section Number:** Indicator 09A
Field Name: HSIRace_JuvenileCrimeRate
Row Name: Rate (per 100,000) of juvenile crime arrests
Column Name:
Year: 2007
Field Note:
This data came from Nevada's Juvenile Justice Commission for 2005.
7. **Section Number:** Indicator 09A
Field Name: HSIRace_DropOutPercent
Row Name: Percentage of high school drop-outs (grade 9 through 12)
Column Name:
Year: 2007
Field Note:
2004 is the latest year data is available. The Annie Casey Kid's Count data for Nevada was used for this measure. It is not available by race.
8. **Section Number:** Indicator 09B
Field Name: HSIEthnicity_SingleParentPercent
Row Name: Percent in household headed by single parent
Column Name:
Year: 2007
Field Note:
This data is not available by ethnicity.
9. **Section Number:** Indicator 09B
Field Name: HSIEthnicity_TANFPercent
Row Name: Percent in TANF (Grant) families
Column Name:
Year: 2007
Field Note:
This data is not available by ethnicity.
10. **Section Number:** Indicator 09B
Field Name: HSIEthnicity_MedicaidNo
Row Name: Number enrolled in Medicaid
Column Name:
Year: 2007
Field Note:
This data is not available by ethnicity.
11. **Section Number:** Indicator 09B
Field Name: HSIEthnicity_JuvenileCrimeRate
Row Name: Rate (per 100,000) of juvenile crime arrests
Column Name:
Year: 2007
Field Note:
Numerator: All juveniles that came into contact with the juvenile justice system in FY 2005 (includes received referrals and did not received referrals).

Denominator: Total population of youth ages 10 -17 in Nevada (2005).

Source: http://kidscount.unlv.edu/2006/juv-violent_2006.pdf

12. **Section Number:** Indicator 09B
Field Name: HSIEthnicity_DropOutPercent
Row Name: Percentage of high school drop-outs (grade 9 through 12)
Column Name:
Year: 2007
Field Note:
This is 2004 data from Annie Casey. It is not available by ethnicity.
13. **Section Number:** Indicator 09A
Field Name: HSIRace_FosterCare
Row Name: Number living in foster home care
Column Name:
Year: 2007
Field Note:
Race is not available for this measure.
14. **Section Number:** Indicator 09B
Field Name: HSIEthnicity_FosterCare
Row Name: Number living in foster home care
Column Name:
Year: 2007
Field Note:
This data is not available by ethnicity.